

The Demonstration of Organizational Legitimacy Among Independent Professional Schools of Acupuncture and Oriental Medicine

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BOSTON COLLEGE

Lynch School of Education

Department of Educational Leadership and Higher Education

Higher Education Administration

THE DEMONSTRATION OF ORGANIZATIONAL LEGITIMACY AMONG INDEPENDENT PROFESSIONAL SCHOOLS OF ACUPUNCTURE AND ORIENTAL MEDICINE

Dissertation
by

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The Demonstration of Organizational Legitimacy Among Independent Professional Schools of Acupuncture and Oriental Medicine

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Abstract

Independent professional schools were a significant part of higher education in the United States until the rise of universities at the beginning of the 20th century. In the 21st century, the overwhelming majority of professional schools are indeed affiliated with universities; however there are a growing number of professional schools in variety of fields that are independent. The institutional perspective from organizational theory suggests these schools, like all organizations, must be creating and maintaining legitimacy in order to survive. This multiple case study explores how independent professional schools of acupuncture and Oriental medicine demonstrate legitimacy over time. Analysis was focused on temporal patterns, correlations, and interdependencies between and/or among particular legitimizing activities within institutions, and global patterns of legitimizing activities across different institutions. Data were analyzed with specific reference to the possibility that there are multiple alternative paths to legitimacy outside of isomorphism with educational myths and structures.

Findings included identification of higher education, health care, context, the profession, and business as the five arenas in which AOM schools signal their legitimacy, as well as general patterns of signaling to these arenas across all institutions over the past

twenty years. Signals in each arena ebb and flow between relatively narrow limits, and it is not possible for schools to increase their signals in all areas simultaneously. Over time, the business and academic signals are generally increasing, contextual and professional signals decreasing, and health care remains fairly stable.

This research marks an initial effort bring scholarly awareness both to schools of acupuncture and Oriental medicine to independent professional schools as a group. It offers support for the idea that there are multiple avenues for demonstrating legitimacy, and suggests a model for the arenas in which legitimacy operates for independent professional schools. In addition, this research articulated the concept of *multi-liminality* as both a characteristic of independent professional schools and an important feature for future research.

Dedication

To my partner Frank.

Thank you for joining me on this journey.

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I would like to express my appreciation and gratitude to a number of individuals for their support, guidance, and assistance throughout this dissertation process. There is no way to list them all, but there are a few folks who deserve special mention.

Ted Youn, as my committee chair, and Pat De Leeuw and Dennis Shirley, as my committee members, made this work better by their judicious application of feedback and genuine interest in the topic. Karen Arnold was the reason I ended up at BC in the first place, and her enthusiasm, wise counsel, and dedication to the success of her students cannot be credited enough for my successful completion. One of the wise things she said was that our cohort matters, and those relationships will be the defining experience of our doctoral programs. She was absolutely right: Joshua Jensen was my sounding board, reality check, and compatriot in the trenches from the very beginning, and his gift for the right word at the right time has helped me keep my sanity and my sense of humor intact throughout this process. Evelyn Fowler and Patricia Campbell-Kibler provided timely and constructive feedback as outside member checkers, and Liz Magill's editorial assistance was invaluable.

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Chapter One: Overview

Independent professional schools, although a major part of higher education in the United States up through the 1800s, receive limited attention in histories covering the development of higher education. The rise of the university structure, which typically included one or more professional schools, coincides with the disappearance of independent professional schools from the scholarly literature. In the 21st century, the overwhelming majority of professional schools are indeed affiliated with universities; however there are a growing number of professional schools in variety of fields that are free-standing and independent, that is, not part of a university, university system, or a hospital or hospital system. *Professional school* refers specifically to American schools that offer *first professional* degrees, that is, a post bachelor's degree that serves as part of the qualifications for practice of a particular profession.

As defined by the U.S. Department of Education, the first professional degree is “an award that requires completion of a program that meets all of the following criteria: (1) completion of the academic requirements to begin practice in the profession; (2) at least 2 years of college work prior to entering the program; and (3) a total of at least 6 academic years of college work to complete the degree program, including prior required college work plus the length of the professional program itself” (U.S. Department of Education, International Affairs Office, 2008, p. 1). Boston-area examples of independent professional schools include the Boston Architectural College, the New England School of Law, the New England School of Acupuncture, and the Boston Graduate School of Psychoanalysis.

The institutional perspective from organizational theory suggests these schools, like all organizations, must be creating and maintaining legitimacy in order to survive. The concept itself is not new, either to sociology or organizational theory: *legitimacy* or *legitimate* is part of the title of four sections in Max Weber's *The Theory of Social and Economic Organization* (1947). At the time, Weber's ideas about economic markets and governments as the *raison d'être* for the rise of bureaucracy were much more influential, but, as Deephouse and Suchman (2008) note, his writings also address the idea that legitimacy can result from conformity with both formal and informal social expectations.

Legitimacy is the “generalized perception or assumption that the actions of an entity are desirable, proper, or appropriate within some socially constructed system of norms, values, beliefs, and definitions” (Suchman, 1995, p. 574). Meeting institutionalized social expectations confers legitimacy, whether or not implementation of the particular expectations has any relation to the institution's purpose, or improves its performance (Meyer & Rowan, 1977). Different sources of legitimacy, including state and local government, accreditors, professional associations, and the general public, have different expectations and models for what make an institution legitimate, and managing the potentially competing demands from different constituencies is critical to the survival of an organization (Oliver, 1991).

Managing legitimacy is a critical task for independent professional schools since they are, by definition, not part of a larger entity—unlike professional schools embedded in universities, they must create and manage their own legitimacy independent of any other organization. Independent professional schools do not have any share in the

legitimacy inherent in familiar categories of higher education institutions, such as research universities, community colleges, and liberal arts colleges, because of their invisibility both to the public at large, and within the higher education community. Independent professional schools may, however, be able to leverage some legitimacy associated with their related professions: e.g., law school and medical schools are recognized institutions for preparing lawyers and doctors; the handful of independent law and medical schools may have to explain that they are not affiliated with any university, but there is no question about whether what they are doing is valuable and correct, even if the form is not completely traditional.

One major reason for the legitimacy inherent in the professions of law and medicine, and the related legitimacy of the preparatory institutions, is their long history (Singh, Tucker, & House, 1986). Law and medicine were established professions in Europe before the founding of the United States, but newer professions with a shorter American history, including chiropractic, podiatry, and landscape architecture, do not have as much legitimacy based on the age of the profession. This, in turn, limits the associational legitimacy of the schools related to those professions. In order for a new professional field to survive long enough to gain legitimacy based on age, it must have a supply of practitioners. These practitioners are produced by professional schools which must maintain themselves as legitimate organizations long before the field itself has any legitimacy based on age.

The field of acupuncture and Oriental medicine offers a clear demonstration of this challenge for new professions. Although it was the primary form of health care in

China for centuries, the practice of acupuncture and Oriental medicine in the United States was confined almost exclusively to Asian immigrant communities until the 1970s (Chow, 1975). The rise of interest in complementary and alternative health care in the United States has helped to establish the field of acupuncture and Oriental medicine (AOM), but there is no broad societal understanding and recognition of what it means to be an AOM professional, or of the quantity and quality of the training necessary to become licensed to practice. In organizational theory terms, there is no inherent legitimacy for AOM schools from the AOM profession itself. As independent specialized professional schools which are not part of larger universities, most AOM schools are also outside of the mainstream of higher education, and cannot rely on any inherent legitimacy from that sector. In spite of limited access to these two types of legitimacy, there are now more than fifty accredited AOM schools, and more in candidacy for accreditation from the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), the specialized accrediting agency approved by the United State Department of Education to accredit AOM schools.

Facing such challenges, the failure rate for AOM schools could reasonably be expected to be higher than that of other types of institutions. From 1989-2009, about 5% of accredited AOM schools lost their accreditation and/or closed (Accreditation Commission for Acupuncture and Oriental Medicine, n.d.), which is comparable with the absolute failure rate of more traditional institutions (Martin & Samels, 2006). Since this rate of failure does not take into account higher education institutions that change their sector, which no AOM school has ever done, and does not include traditional higher

education institutions that have lost their accreditation but continue to operate, it is totally possible that AOM institutions have a lower overall exit rate from their sector than traditional institutions. In order to survive, these schools must be demonstrating their legitimacy in spite of the peripheral position of AOM in society, and of the institutions within higher education.

Research Questions

The initial question I began to explore is how independent professional schools of acupuncture and Oriental medicine demonstrate legitimacy over time. Over time, this was refined to focus specifically on the temporal patterns, correlations, and interdependencies between and/or among particular legitimizing activities within institutions and global patterns of legitimizing activities across different institutions. The findings were analyzed with specific reference to the possibility that there are multiple alternative paths to legitimacy.

Significance of the Study

The results of the study address a significant gap in the higher education landscape. It is of strategic interest to current and future AOM schools, and is also potentially valuable to independent professional schools and other non-traditional higher education institutions. Legitimacy is a critical ingredient for success of any organization. Understanding the relationships and interactions between different legitimacy-seeking activities offers current and future AOM schools a new set of tools for enhancing institutional success, as well as a framework for understanding some of the differences between AOM institutions.

Within the study of higher education in general, independent professional schools are almost entirely absent from the literature. Allied health is the fastest growing sector within independent specialized professional schools, and research on AOM schools as a part of that group can offer valuable insight into this overlooked area of higher education. In addition, independent professional schools are just one type of non-traditional higher education, including for-profit and on-line institutions; more information on how these fringe entities are developing legitimacy outside of the traditional models of higher education is critical for understanding the future of post-secondary education in the United States.

Overview of the Study

Chapter One has provided a brief context for and introduction to the study. Chapter Two reviews the relevant literature and the particular gaps that this study addresses. The third chapter provides a detailed breakdown of the research design, including the sample identification, the data collection process, and methods of analysis, along with study limitations. Chapter Four discusses the evolution of the variables over the course of the analysis before moving to the findings. Finally, the fifth chapter considers these findings in relationship to theory and current research, and makes recommendations for practice, policy, and further research.

Chapter Two: Literature Review

Any effort to explore the various strategies for demonstrating legitimacy within a particular species of independent professional school must be grounded in a solid review of the relevant literature. This review is concentrated in two distinct areas: independent professional schools and legitimacy. The first portion of this chapter builds some historical and social context for independent professional schools in the United States, and identifies significant gaps in the literature. The second half of this review explores legitimacy from an organizational theory context, with particular attention to definition, measurement, and typologies, and reviews research from both business and education.

Independent Professional Schools

As Jencks & Reisman (2002) and McGlothlin (1960) agree, there was no golden age when higher education was solely about knowledge for its own sake; from the civil servants, clergy, and doctors produced by the medieval universities to the vocational mission of the colonial American college, higher education has been consistently linked with certain professional callings.

In 17th and 18th century England, the learned professions of law, medicine, and theology, although different in the details of their training, were all embedded in the social class system. The different titles and ranks within the professional fields were closely tied to class, and the liberal arts degree, which was the standard prerequisite for further professional training, was an effective gatekeeping mechanism (Haber, 1974; Reed, 1921; P. Starr, 1982). Although most American colonists were not from the gentry,

the idea of a liberal arts education as prerequisite for professional status was embedded in their experience and reinforced by continuing ties to England.

Although appropriate training for the clergy was one of the primary motivations for the establishment of colleges in colonial America, and the ministry was the dominant career for college graduates, colleges were liberal arts institutions and did not provide specific divinity training: the denominations that relied on an educated clergy required two or three years of further divinity study and preparation after a bachelor's degree (Naylor, 1977). A basic liberal arts education was also considered desirable for individuals who had high professional aspirations in law, but was not initially required. New York City was the first exception to this, limiting legal clerkships to those who were college graduates; Boston followed suit in 1771. Colonial doctors also distinguished between those who had received a liberal arts education and those who had not (Haber, 1974).

Medical education was different from the other learned professions in that professional education was an alternative to a liberal arts education, and there was no tradition of medical studies as preparation for anything other than medical practice—unlike both law and theology. Schools of medicine offered two-year undergraduate courses, and the medical students were not well respected by other students (Starr, 1982). The medical college at what became the University of Pennsylvania was the first medical school, and in 1800 it had more than 400 students, which made it the largest higher education entity in the country. It was a typical model of professional education, in that it was part of the university in name, but the faculty members received no salary: they were

paid directly by their students, and maintained private practices as well (Geiger, 1999; Hoberman & Mailick, 1994).

Even at the professional schools which were connected (however tenuously) to universities, faculty were part-time, students often came for just a term or a year, and many lectures were open to the general public. There was no standard curriculum or degree, and the prerequisite of an undergraduate degree, which was ostensibly a requirement for study in law or theology, was difficult to maintain while still keeping enough students to operate (Reed, 1921). In addition to the university-affiliated programs, there were a number of professional schools operating entirely independently. The first such theological seminary was founded by the Dutch Reformed Church in New Jersey in 1784 next to, but independent of, Queen's College (Jencks & Riesman, 2002). The first unaffiliated law school was founded at Litchfield, Connecticut during the same period; in 1813 it enrolled 55 students, which stood as a record for any American law school for more than two decades (Brubacher & Rudy, 1997; Reed, 1921).¹

From the Revolutionary War through the turn of the 19th century, the professionalization process for American lawyers, doctors, and clergymen continued, with a focus on establishing educational requirements for practice. While law, ministry, and medicine were still focused on higher education at the undergraduate level, all were

¹ The seemingly clear division in these examples between university-affiliated and independent schools is by and large illusory. It is not until the regularization of processes and standards for awarding degrees for professional studies and the formation of the modern university in the 19th century that the two forms can be reliably distinguished.

making significant strides to regulate and control access to the field based on some type of educational experience (Haber, 1974; Naylor, 1977; P. Starr, 1982).

By the 1830s, the egalitarian political and social currents of Jacksonian democracy, fueled by unprecedented economic and geographical expansion of the United States, formed a strong tide flowing directly against the learned professions. The educational barriers to entry, the associated class hierarchy, and attempts to monopolize and regulate the various fields were in direct opposition to the new ideal of the self-made man. The liberal arts were pilloried as useless and professional education as unnecessarily complicated, since all knowledge supposedly obeyed principles of natural reason that were intelligible to common sense (Haber, 1974; Starr, 1982).

Although the circumstances were somewhat different, all the professions saw an increase in the number of independent professional schools in response to this demand for accessible training. In law and medicine, these new schools were primarily proprietary institutions,² where groups of practitioners organized the curriculum and collected fees for their lectures. In ministry, the development of seminaries paralleled the rise of independent institutions in law and medicine.

In the same way that public demand for accessible training fueled the development of independent schools in traditional professions, new professions including nursing, architecture, veterinary medicine, and funeral direction were becoming established, and new types of professional education were taking shape, including

² Brubacher and Rudy (1977) imply all; Haber (1974, p. 251) says “usually”; Jencks and Reisman (2002) imply that all independent medical schools were proprietary, but do not address other disciplines.

engineering, business, and normal schools (Wilensky, 1964). The expansion of professional education dovetailed with the development of the new, modern form of the university at the end of the 19th century. The shift to an industrialized and professionalized society demanded new types of higher education, and the college and universities responded by including more professional and technical subjects (Geiger, 1999; Rudolph, 1962). At the universities, professional schools began to be included as major academic units (alongside liberal arts colleges), either through the creation of new academic units or by building new relationships with existing professional schools (Halpern, 1987).

The process of professional expansion in medicine, although influenced by an unusually strong professional association, offers one example of how this process unfolded. In medicine, bringing professional education to the university meant significant attention to facilities, faculty, and development of a coordinated graduate curriculum in medicine. At Harvard, during the first decade of his 40-year (1869–1909) presidency, Charles Eliot took control of the student tuition fees, paid faculty salaries, extended the academic calendar from four months to nine, and extended the course from two years to three (P. Starr, 1982).³ In 1892 the medical school program became four years, and in

³ By the time he became President, Eliot had a firm grasp of the weaknesses of the current state of professional education in general. In an extensive footnote in an article published in the *Atlantic Monthly* in 1869, he wrote:

The term “learned profession” is getting to have a sarcastic flavor. Only a very small proportion of lawyers, doctors, and ministers, the country over, are Bachelors of Arts. The degrees of L.L.B. and M.D. stand, on average, for decidedly less culture than the degree of A. B., and it is found quite possible to prepare young men of scanty education to be successful pulpit exhorters in a year or eighteen months. (1869, p. 215)

1901 a bachelor's degree became a prerequisite for entry ("Charles William Eliot | Harvard University," n.d.). Johns Hopkins opened a hospital in 1889 in preparation for integrating clinical teaching with the medical school, which accepted its first class in 1893 and inaugurated scientific study of clinical medicine at the graduate level.

Fifteen years later the American Medical Association invited the Carnegie Foundation for the Advancement of Teaching to conduct a survey of the quality of medical schools. (P. Starr, 1982). Abraham Flexner's report, published for the AMA in 1910, came at a time when medical schools were already declining in numbers from their high point of 162 schools in 1906. The major technological advances of traditional medical procedures, including a general acceptance of germ theory and asepsis in surgery, increased the efficacy of medicine, decreased its risks, and enabled it to attract more patients (Muench, 1988). Where licensure for doctors had previously been viewed as a mark of favoritism within a closed elite, the application of science to medicine created a sense of authority for medicine grounded in "legitimate complexity" (P. Starr, 1982, p. 59). Medicine was no longer viewed as artificially complex, but as something that truly required specialized training. With this newfound authority, medical professionals petitioned successfully for restoration and enforcement of educational requirements and state licensing (P. Starr, 1982).

The increasing length of time required for medical education and the increase in the academic year depressed demand for medical education; costs increased dramatically, and could no longer be covered by tuition fees. The Flexner Report brought major deficiencies in medical education to public scrutiny, which accelerated the process of

decline for independent schools. By 1922 there were just half the number of medical schools there had been in 1906, and ultimately the overwhelming majority of medical schools that remained operational moved to regain their challenged legitimacy by affiliation with a university (Hoberman & Mailick, 1994; P. Starr, 1982).

The challenges faced by independent professional schools in almost all professions were similar to those faced by independent medical schools.⁴ As universities moved to regularize their relationships with their professional schools, the distinction between an affiliated professional school and an independent school became clearer. The university professional schools had significant resource advantages: they were able to draw on related academic disciplines housed in the university and no longer had to rely entirely on tuition. The rapid improvement of educational standards driven by the professions themselves also required significant financial investments that were beyond the scope of what most independent institutions could handle. The perceived benefits associated with professional schools attaching themselves to universities included improved quality of instruction and qualification level of faculty, higher admissions

⁴ Ministry was the outlier. Although the historical association of the clerical profession with higher education is important for the development of professional education in general, the professionalization projects for law and medicine are much closer to the processes of the modern professions (e.g., social work, chiropractic, engineering, architecture, nursing, acupuncture) in the development of national, field-level standards for education as criteria for practice. Education for clerical practice is controlled denominationally, as opposed to at the professional level. There are no national standards, either voluntary or mandated, that specify educational requirements, and no governmental licensure for general practice, which is a major distinction between the ministry and all other professional fields.

standards, reduced exploitation of the students, and enhanced program stature (Brubacher & Rudy, 1997; Colwell, 1948; Jencks & Riesman, 2002).

These pressures pushed the great majority of independent professional schools into merging or affiliating with colleges or universities, or expanding their own programs either horizontally or vertically to become universities themselves (Brubacher & Rudy, 1997). Rensselaer Polytechnic Institute (founded 1824) and Massachusetts Institute of Technology (chartered 1861) were notable examples of technical institutions which expanded their curriculum in the 1900s to offer degrees in the pure sciences and then the humanities; meanwhile seminaries such as Drew and Dubuque more often developed undergraduate liberal arts programs, becoming universities in the process (Jencks & Riesman, 2002).⁵

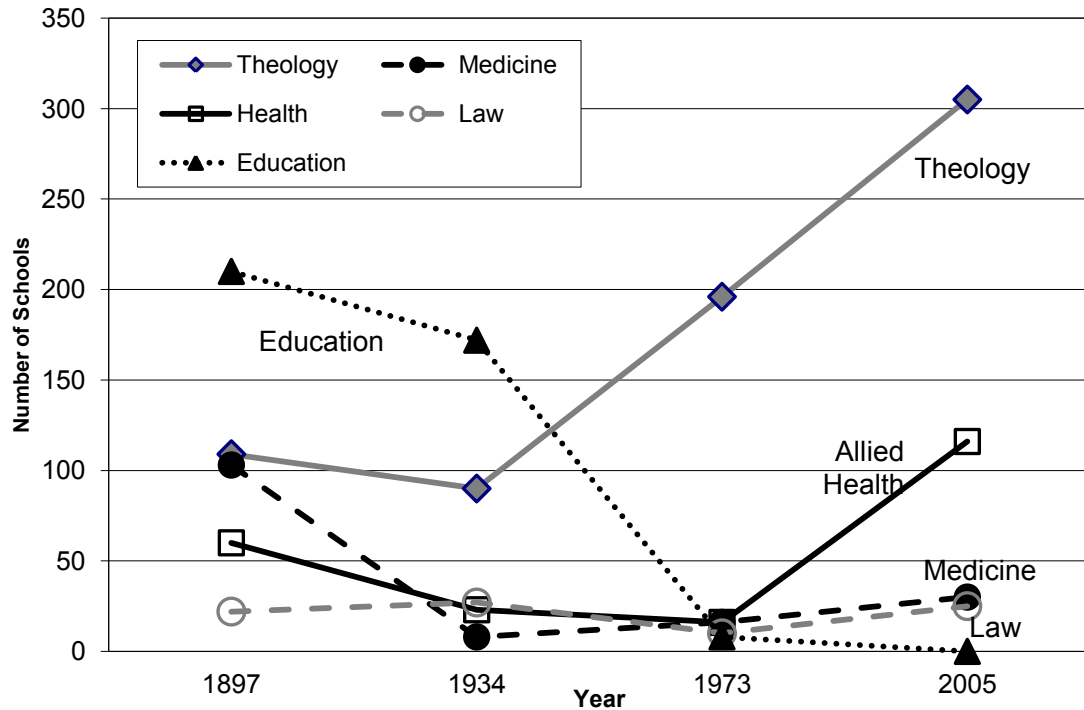
The discussion of independent professional schools as a part of higher education ends with the rise of the modern university form. Historians are correct to note that the professional schools which were not affiliated with colleges or universities faced a number of challenges, and that the primary path to survival for these institutions was as part of a university. Many institutions did become part of a university structure, and many others closed, but a small number managed to maintain themselves as independent, accredited, degree-granting professional schools. The fact that the number of these

⁵ The German Theological Seminary of the Northwest was rechartered as the University of Dubuque in 1920, having granted its first undergraduate liberal arts degree in 1906 (“University of Dubuque Theological Seminary – Presbyterian (PCUSA) History,” n.d.); Drew’s College of Liberal Arts was founded in 1928 (“History | About | Drew University,” n.d.).

independent professional schools has increased dramatically over the past forty years is not reflected at all in the scholarly literature.

The following graph details the number of independent professional institutions in medicine, allied health, education, theology, and law over the past century. As previously noted, the idea of independence for professional school does not become meaningful until the development of the university and truly dependent professional schools. The schools included in this data are free-standing, unaffiliated institutions which provide first professional degrees. These degrees are “an award that requires completion of a program that meets all of the following criteria: (1) completion of the academic requirements to begin practice in the profession; (2) at least 2 years of college work prior to entering the program; and (3) a total of at least 6 academic years of college work to complete the degree program, including prior required college work plus the length of the professional program itself” (U.S. Department of Education, International Affairs Office, 2008, p. 1).

Figure 1: Independent Professional Schools, by Field



Note. Data from 1897 and 1934 is based on Office of Higher Education data as analyzed by Greenleaf (1934) and Goldin and Katz (1998, 1999). 1973 and 2005 data are based on Carnegie Commission reports published in those years, but institutions with multiple branches were only counted once.

Teaching is the only field in which the disappearance from the literature actually presaged a rapid extinction of the professional schools themselves. For almost every other type of independent professional institution, contraction at the turn of the century is followed by a period of stability and then one of rapid increase. In particular, divinity schools and allied health have seen a significant surge in the number of institutions in the past thirty years.⁶

⁶ *Allied health* includes all health care fields (e.g., chiropractic, acupuncture, dentistry, physical therapy) except osteopathic and allopathic physicians, which are included within *Medicine*.

Empirical research in higher education does not address independent professional schools as a class of institutions like liberal arts or comprehensive colleges. William McGlothlin writes:

With few exceptions, publications of the Carnegie Commission, like those of higher education generally, ignore professional education as an area for study and generalization. Every profession makes studies of its own educational programs, but there is perilously little study of professional education to distill the common problems of the various fields and to propose solutions for them....It is strange that such study is rare. (1973, pp. 323–324)

Studies that draw samples from a variety of institutional types also exclude independent professional schools “because these institutions...represent niche organizations that are outside the main structure of degree-granting colleges and universities” (Brint, Riddle, & Hanneman, 2006, p. 231). It is also not just research: Mayhew and Ford (1974) wrote an entire book on reform in professional education without mentioning the existence of professional schools outside of the university.

When independent professional schools are mentioned at all in modern higher education literature, they are relegated firmly to the fringe. Burton Clark is one notable exception to this tendency to totally overlook their existence; he writes that “[u]niversities and four-year college academics in general need take little note of a detached aggregation that exists in a residual category of odds and ends” (1987, p. 94). This positioning on the fringe of the higher education universe is one possible explanation for the lack of scholarly interest in independent professional schools. Another

possibility is that although the numbers of schools is increasing dramatically, the schools themselves are neither large, nor wealthy: the average student enrollment across all independent professional schools hovers around 700 (Carnegie Foundation for the Advancement of Teaching, 2005), and the overwhelming majority are heavily tuition dependent.

The fact that these institutions not only exist, but are increasing in numbers in spite of their lack of integration with and recognition from the field of higher education as a whole makes for an interesting state of affairs. Organizational theory, the examination of the relationships between organizations and their environments, particularly the concept of legitimacy, offers one lens through which to examine this phenomenon.

Legitimacy

Legitimacy, the “generalized perception or assumption that the actions of an entity are desirable, proper, or appropriate within some socially constructed system of norms, values, beliefs, and definitions” (Suchman, 1995, p. 574), is a core construct in modern institutional theory. The pursuit of legitimacy is one explanation for the formal organizational structures (i.e., bureaucracies) that permeate modern society but are not closely tied to day-to-day work. Although Max Weber is best known for his analysis of legitimacy based in authority to command and control, he also discussed the social importance of systems and rules and suggested that conformity to these rules could also generate legitimacy (1968). This insight, as developed by Parsons (1960), Dowling and Pfeffer (1975), and Pfeffer and Salancik (1978), among others, is the cornerstone of

modern institutional theory, which suggests that “structural and behavioral changes in organizations are determined less by competition and the desire for efficiency, and more by the need for organizational legitimacy” (Weerakkody, Dwivedi, & Irani, 2009, p. 355). That is, bureaucracies do not provide significant command and control over output or greater efficiency, but instead reflect collective external opinions, mandates, and understandings of what things should be managed, by whom, how, and to what ends. These collective opinions serve as *rationalized myths* that are embedded everywhere in modern life, and drive organizational structure and process (Meyer & Rowan, 1977).

The term *institutionalization* describes the process by which these myths develop and become collective, overarching social expectations. Institutionalization happens throughout society: the legal and social commitment of marriage; the education and credentialing processes of various professions; what activities are appropriate to a university, and which to a business; even technological infrastructure. At the highest levels of embeddedness, there is a blindness to even the possibility of other forms; Ben-David and Zloczower (1962) touch on this idea in relationship to universities when they note “there is a general belief in their necessity even among their critics” (p. 47). Meeting institutionalized social expectations confers legitimacy, whether or not implementation of the particular myths have any relation to the institutional purpose, or actually improve performance. When organizations fail to conform to the relevant institutionalized myths, they must explain their deviance. These explanations come at a cost to the institution, as does every violation of the greater society’s institutionalized norms (Davies & Quirke, 2007; Hannan & Freeman, 1993). Organizations that use highly institutionalized

templates, and thus have less to explain, are perceived as more legitimate, and are more likely to survive (Meyer & Rowan, 1977).

Suchman's definition, which is commonly used by researchers in both business and sociology (Barreto & Baden-Fuller, 2006; Colyvas & Powell, 2006; Dacin, Oliver, & Roy, 2007; Johnson, Dowd, & Ridgeway, 2006; Ruef & Scott, 1998; Suddaby & Greenwood, 2005), explicitly addresses both evaluative and cognitive aspects of legitimacy (Suchman, 1995). It encompasses the necessity for organizations to justify their right to exist (Maurer, 1971), the need for organizational congruence with the norms, structures, behaviors and values of society (Dowling & Pfeffer, 1975), and the need for comprehensibility: "organizations are legitimate when they are *understandable*, rather than when they are *desirable*" (Suchman, 1995, p. 573).

Note that legitimacy is distinct from reputation or status. Reputation consists of prominence and perception of quality (Rindova, Williamson, Petkova, & Sever, 2005). Like legitimacy, reputation is both a resource (Deephouse, 2000) and a collective perception—specifically, a collective perception about an organization's ability to create stakeholder value, compared to the competition (Rindova et al., 2005). Status is a statement about relative position in a hierarchy, and is ultimately competitive, where legitimacy is *non-rival* (Deephouse & Suchman, 2008). Although high-status

organizations are usually legitimate, legitimate organizations can have a poor reputation compared to others who are providing a similar good or service.⁷

Characteristics.

Legitimacy is a non-tangible resource itself, but it also allows access to other resources, including markets, capital, technology, networks, and competent employees (Deephouse & Suchman, 2008; Hybels, 1995; Meyer & Rowan, 1977; Tornikoski & Newbert, 2007; Zimmerman & Zeitz, 2002); it allows institutions to create and defend niches (Scott, 1995), and ultimately, to survive (Epstein & Votaw, 1978; Meyer & Rowan, 1977). As Scott (1995) describes it, legitimacy is “a condition reflecting cultural alignment, normative support, or consonance with relevant rules or laws” (p.45). Although critical during the foundation of an organization, legitimacy must be maintained throughout the life cycle (Ashforth & Gibbs, 1990; Cattani, Ferriani, Negro, & Perretti, 2008), and is constructed through dialogue with its environment (Ashforth & Gibbs, 1990; Singh et al., 1986; Suchman, 1995).

Legitimacy is a continuum, rather than a stable state, and changes over time (Deeds, Mang, & Frandsen, 1997; Johnson et al., 2006). Johnson, Dowd, and Ridgeway (2006) proposed a model for how unique organizations increase their legitimacy from the point of their inception, to the development of legitimacy for that one instance, diffusion of the innovation and development of legitimacy in the new environments, and eventually generalized acceptance of the innovation. This research explored the interval after

⁷ See Deephouse and Suchman (2008, pp. 59–67) for an in-depth discussion of the relationships, overlaps, and confluences of legitimacy, status, and reputation.

developing initial local legitimacy and before there is a more generalized acceptance for the structure and function of an organization.

Measurement & Research.

Legitimacy is recognized as ambiguous, abstract, amorphous, indefinite, and impossible to measure directly (Aurini, 2006; Hybels, 1995; Zimmerman & Zeitz, 2002). This difficulty is tied up with the nature of the phenomenon. Legitimacy is at once an outcome—it is the result of obtaining resources, but it is also a variable within the process itself, since legitimacy itself allows access to resources (Hybels, 1995). To get around this problem, Hybels (1995) suggests the use of longitudinal research methods, which have been employed in studies of legitimacy by Cattani et al. (2008), Colyvas and Powell (2006), Drori, Honig, and Schaffer (2009), and Ruef and Scott (1998), among others. In addition, Chan and Makino (2007) suggest the utility of more qualitative research.

One result of the difficulty in defining and measuring legitimacy has been the development of various typologies that attempt to define different types, aspects, or facets of legitimacy, and of the environments in which it is operating. Both the amorphous nature of the construct and the variety of typologies require that research into legitimacy be specific about which definitions and categorizations are being used, and how they apply to the case under investigation (Greenwood, Oliver, Sahlin, & Suddaby, 2008). Suchman (1995) and Ruef and Scott (1998) offer schemas that are based in different types of interactions between organizations and the environment (behavioral dynamics and rule conformity, respectively) but end up with parallel schemas. Tornikowski and

Newbert (2007) focus on the organization itself, while Scott (1987) and Oliver (1991) examine the environment.

Suchman (1995) identified three overlapping but distinct types of legitimacy labeled *pragmatic*, *moral*, and *cognitive*. Pragmatic legitimacy is focused on the self-interest of the immediate constituencies, and how they benefit from the organization. This may be in the form of specific, tangible good or services (tuition benefits for family members of employees), or in the sense that the institution is responsive to the more general needs of that particular slice of constituents. Moral legitimacy is focused on benefit to society, rather than to the individual (although the individual bias that merges the good of society with their own good may often be present), and examines the organizational outputs, the procedures by which the output is attained, and the structures within which these things happen. The development of productive members of society creates moral legitimacy for the school, but they must do so appropriately—the rationalized myth of corporal punishment in public schools is almost completely de-institutionalized, for instance. Schools lacking grades, classrooms, and other structures that are institutionalized as signaling “school” face ongoing legitimacy challenges. Cognitive legitimacy encompasses the comprehensibility of organizational goals and activities, as well as the embeddedness, or *taken-for-grantedness* of the institution itself. These both are about managing and organizing the universe of social interactions into forms that offer predictability and logic to the task and purposes of the organization. The state of being so embedded in the environment—so aligned with the relevant

institutionalized myths that alternatives are unthinkable—is the highest state of cognitive legitimacy⁸.

Ruef and Scott (1998) used the terms *normative*, *regulatory*, and *cognitive* for a similar schema structured around conformity to rules from various sources. Normative legitimacy is close to Suchman's moral legitimacy—the rules in this category are primarily professional expectations of codes of conduct and overarching ethical standards such as the Ten Commandments. Regulatory legitimacy is a narrowing of pragmatic legitimacy, focused on formal oversight and sanctioning bodies. Cognitive legitimacy is also parallel with Suchman: it is acquired through conformity to the “rules that specify what types of actors are allowed to exist, what structural features they exhibit, what procedures they can follow, and what meanings are associated with these actions” (Ruef & Scott, 1998, p. 879). Thus, cognitive elements are more basic to the operation of social systems and provide frameworks on which normative and regulative systems are constructed.

There are also typologies which are focused on the organization itself, rather than the relationship between the organization and the environment. Tornikoski and Newbert (2007) suggested a model that distinguished between active and passive institutional positions. In their model, *conforming legitimacy* is directly tied to congruence with the institutionalized myths about the particular field or type of organization which are operating in the particular environment, while *strategic legitimacy* is what an

⁸ For a more in-depth consideration of taken-for-grantedness and its relationship to legitimacy, see Colyvas & Powell, 2006.

organization does and the actions it takes, which could include developing an impression that the organization is trustworthy, creating goods or delivering services, and directly attempting to cultivate a positive impression with various constituencies. Sonpar, Pazzaglia, and Kornijenko (2009) use a similar dichotomy to sort legitimacy literature as a whole into *institutional* and *strategic* categories: “[The] institutional approach sees legitimacy as an inevitable consequence of socialization, [while] the strategic approach sees legitimacy as something that is deliberately pursued” (p. 3). In both cases, forces external to the institution may influence distribution of resources, including legitimacy, and thus the institution’s behavior may be constrained.

The final two theoretical constructs deal with the environment in which institutions must operate. Scott (1987) characterizes environments in a 2x2 matrix with institutional and technical axes, where institutional refers to the amount of institutionalization of the field, and technical considers efficiency, process, and outcomes. The four quadrants demarcate four environments: the low-institutional, low technical; the high-institutional, high technical; the low-institutional, high technical; and the high institutional, low technical. Organizations in highly institutional environments face strong pressures to conform, while highly technical environments face strong market pressures. Higher education has been the classic example of the high institutional, low technical sector, in that market forces are considered to only have very limited institutional effects, and change is driven by adherence to institutionalized structures.

The environment of any given organization is not monolithic, but contains multiple social actors, each of which offer different and potentially competing sets of

norms, values and expectations for organizations to meet in order to gain legitimacy (Oliver, 1991). Oliver (1991) uses the term *multiplicity* to describe the amount of “multiple, conflicting constituent expectations exerted on an organization” (p. 162). Organizations that provide education are high-multiplicity organizations in that they must be responsive to the demands of government, accreditors, students, staff, faculty, alumni, as well as the community at large.

Proxies for and Indicators of Legitimacy.

In spite of the difficulty in definition, there is a body of research describing possible proxies for and indicators of legitimacy, including density, longevity, organizational structure, and personnel.

In an attempt to characterize the relationship between competition, legitimacy, density, and organizational birth and death rates, Hannan and Freeman (1993) suggest that organizational density can be used as a proxy for legitimacy. The less common a form, the less inherent legitimacy there is in it—in addition to the normal survival struggle of any new organization, forms that do not already conform to some institutional myths must also create legitimacy for themselves from the ground up. As new instances of a form arise, they enhance the legitimacy of the entire group, but only to a certain point—as a form becomes common, each additional instance contributes to the overall legitimacy less and less. This perspective fits well with Johnson, Dowd, and Ridgeway’s (2006) model of legitimacy development, and points to the need for research on organizational legitimacy before the form is common enough to have legitimacy just because it is a familiar part of the environment.

Longevity is the single strongest source of legitimacy, according to Hannan and Freeman (1993). J. A. Starr and I. C. MacMillan (1990) note that “because the venture has no track record, there is a (justifiable) lack of confidence” (p. 83). This suggestion is supported by studies conducted on voluntary social service organizations in Canada (Singh et al., 1986) and hospitals (Ruef & Scott, 1998). Age by itself, however, is not an adequate proxy for the amount of legitimacy, although they are closely correlated. Older institutions are more likely to have developed social networks and relationships that help provide legitimacy, but there are some old organizations that manage to survive without significant external legitimacy, and some young organizations which attain high levels of legitimacy early in their life cycles (Singh et al., 1986). The potential influence of longevity in a multiple organization comparison suggests the importance of sampling to include institutions of different ages.

The importance of organizational structure, including job titles, responsibilities, and reporting lines, cannot be underestimated. Meyer and Rowan note that [v]ocabularies of structure that are isomorphic with institutional rules provide prudent, rational, and legitimate accounts. Organizations described in legitimated vocabularies are assumed to be oriented to collectively defined, and often collectively mandated ends....On the other hand, organizations that omit environmentally legitimated elements of structure or create unique structures lack acceptable legitimated accounts of their activities. Such organizations are more vulnerable to claims that they are negligent, irrational, or unnecessary. (1977, pp. 349–50)

The possibility for cognitive legitimacy through known organizational structure is also seen in the adoption of bylaws of the institutional governing boards (Elsbach & Sutton, 1992; Scott, 1987).

Scott (1987) refers to personnel as another specific area in which conformity to institutionalized rules for organizational behavior is important for legitimacy. “Filling roles with members that have qualifications, education, and certification that are isomorphic with the institutional environment” enhances cognitive legitimacy about the organization for the outside observer (Elsbach & Sutton, 1992, p. 715). This applies not only to faculty and staff but also to membership on governing boards; Pfeffer and Salancik (1978) note that the existence of governing boards and of themselves increase legitimacy, and those members also have the opportunity to bring the organization legitimacy by association (Singh et al., 1986). Legitimacy by association is also a direct result of partnerships with other types of organizations, as such relationships are an implicit endorsement of each other (Deephouse & Suchman, 2008; Galaskiewicz, 1989).

Legitimacy in Education.

Considering the lack of scholarly literature on modern independent professional schools, it is not surprising that there is no literature that addresses legitimacy within these schools. Even more surprising is the limited amount of material addressing the intersection of legitimacy and higher education as a whole. Kamens (1977) provides a strong analysis of the myths and ceremonies surrounding undergraduate education and the role of colleges in creating, defining, and legitimizing the category *college graduate*, but there has not been significant empirical work done about higher education

organizations or institutions at the individual or field level. There are two articles examining the role of legitimacy as a driver of recent activities of Canadian business schools (Long, Pyper, & Rostis, 2008; McKee, Mills, & Weatherbee, 2005). A few articles focused on isomorphism are peripherally related to legitimacy (Morphew, 2002, 2009; Stensaker & Norgård, 2001; Youn & Price, 2009), and two articles that directly address the problems of legitimacy and illegitimacy (Aurini, 2006; Kraatz & Zajac, 1996).

Key Studies.

Kraatz and Zajac's (1996) study of change in small liberal arts colleges tested seven hypotheses with the explicit purpose of exploring the possible limits of neoinstitutional theory. Hypotheses included propositions that "[c]olleges will not be likely to change in illegitimate ways, such as moving towards professionalizing or vocationalizing the curriculum" (p. 819), and that those schools which do change in this direction are more likely to suffer significant negative consequences, up to and including institutional failure. In addition, organizational changes will be isomorphic with higher-status institutions, and this leads directly to increasing homogenization between organizations.

Small private liberal arts colleges were chosen as a sample because they exist in a very institutionalized environment, that is, there are a number of very strongly embedded myths and rituals around small liberal arts colleges. This well-defined, well established environment exerts strong pressures which institutions need to address in order to be considered legitimate part of that category. Contrary to predictions, the number of

professional and vocational programs increased over the fifteen-year window, “perhaps the most illegitimate change that a liberal arts college could consider, short of leaving the higher education sector altogether” (p. 817). The schools that changed in this illegitimate direction had no increase in decline or failure, and actually seemed more successful overall than the schools which did not change. There was also a significant increase in heterogeneity, and no evidence that schools were becoming isomorphic with their highest status peers. Kraatz and Zajac conclude that congruence with myths, both within higher education and within society at large, about liberal arts colleges is just one path towards survival, and alignment with other environmental myths were potentially successful alternative paths.

Aurini’s 2006 study of private tutoring businesses in Canada examined the assumption that legitimacy in education is driven by “unproblematic adoption of standard templates” (2006, p. 83). These businesses have dramatically expanded in the past thirty years, and have managed to do so in spite of the fact they often eschew traditional educational structures. Instead of relying on legitimacy through blind isomorphism with other education providers, these businesses actively cultivate alternative sources by selectively adopting some institutionalized templates and by responding to the technical aspects of the environment by filling specialized niches, providing individualized services, and hiring charismatic faculty.

These two studies, which focused specifically on legitimacy in different types of educational settings, both suggest that classic neoinstitutional theory does not provide an adequate theoretical structure to understand the types of changes occurring in education.

In particular, both call out the dichotomy between the assumption that the primary forces operating on education are field-based institutionalized myths, and the current reality that schools can and do respond to market forces. In the process of responding to those market forces, these studies demonstrate there are alternative paths to legitimacy beside isomorphism with institutionalized myths and structures associated with education. The assumption that there are potentially multiple, alternative paths to legitimacy provides the structure for examining legitimacy-seeking activities within a group of independent professional schools.

Critique of Legitimacy Literature.

There is significant organizational theory literature about legitimacy from both business and social science perspectives, but limited empirical research. The research has a tendency to describe the characteristics of legitimate organizations (Cattani et al., 2008), or assume the concept of legitimacy is familiar enough not to contextualize it at all (Drori et al., 2009; Kostova & Zaheer, 1999; Long et al., 2008; Reay & Hinings, 2009). In addition, focus is almost exclusively on mature organizations (Jawahar & McLaughlin, 2001; Kraatz & Zajac, 1996).

The main reason the empirical research is limited appears to be the difficulty in operationalizing and measuring legitimacy. Hybels (1995) notes: "Legitimacy has no material form. It exists only as a symbolic representation of the collective evaluation of an institution, as evidenced to both observers and participants perhaps most convincingly by the flow of resources" (p. 234). The challenge inherent in measuring something that is itself a resource, as well as provides access to other resources, is well-recognized (Aurini,

2006; Colyvas & Powell, 2006; Oliver, 1991; Singh et al., 1986; Zimmerman & Zeitz, 2002). Although there have been some interesting attempts, such as the document analysis protocol used by Colyvas and Powell (2006), there is no consistency in what is measured or how, and Greenwood et al.'s (2008) assertion of the importance of clearly identifying the definitions and schemas in use is not always heeded.

The empirical research on legitimacy has been conducted within both qualitative (Aurini, 2006; Colyvas & Powell, 2006; Drori et al., 2009; Long et al., 2008; McKee et al., 2005; Reay & Hinings, 2009; Stensaker & Norgård, 2001; Suddaby & Greenwood, 2005) and quantitative (Barreto & Baden-Fuller, 2006; Cattani et al., 2008; Edelman, Uggen, & Erlanger, 1999; Minkoff, 1994; Ruef & Scott, 1998; Singh et al., 1986; Tornikoski & Newbert, 2007) frameworks, although the overwhelming bias is in favor of the quantitative (Suddaby, 2010). Quantitative studies primarily use regression analysis, while qualitative research, which is often presented as case studies, includes techniques such as quantitative and qualitative document analysis and semi-structured interviews.

Colyvas and Powell (2006) based their methodology on work done by Suddaby and Greenwood (2005), and although there is starting to be some extension of theory in management research (see Johnson, Dowd, & Ridgeway [2006] for a thorough review), most researchers seems to have their own methodological fiefdom where empirical articles are neither significantly building on, nor critiquing, the methods of other studies. The lack of coherence seems likely to continue until the concept of legitimacy and how to measure it can be more closely refined.

Chapter Three: Research Methods

This section details my approach to conducting an exploration of legitimacy-seeking activities within a group of independent professional schools. Restatement of the research questions is followed by a section on design and methodology, including an explanation of my decision to explore this phenomenon with a multiple case study. This is followed by a note on the unit of analysis, and an in-depth discussion of the sample selection, including the decision to focus on schools of acupuncture and Oriental medicine. Detailed sections on data collection and analysis follow. This section ends with a discussion of rigor and validity, limitations of the study, and related research issues.

Research Questions

I sought to discern patterns, commonalities, and differences around legitimizing activities among AOM schools. Research by Aurini (2006) and Kraatz and Zajac (1996) suggests that educational organizations have other sources of legitimacy outside of isomorphism with institutionalized educational myths and structures; I explored this possibility for independent professional schools, specifically schools of acupuncture and Oriental medicine. Ultimately, I developed an analytical generalization of my findings for independent professional schools and other non-traditional forms of higher education.

The basic question I began exploring through this research was “How do independent professional schools of acupuncture and Oriental medicine demonstrate legitimacy over time?” The three sub-questions which focused this study were

- What are the temporal patterns, correlations, and interdependencies between and/or among particular legitimizing activities?

- What are the global patterns of legitimizing activities across different institutions over time?
- How do these findings inform, expand, and/or challenge the idea there are alternative paths to legitimacy besides isomorphism with institutionalized myths and structures associated with education?

Research Design

In order to explore legitimacy in schools of acupuncture and Oriental medicine, I designed a longitudinal multiple case study across independent schools which grant 75% or more of their degrees in acupuncture and Oriental medicine. Independent professional schools of acupuncture and Oriental medicine were a good choice for a study focused on legitimacy because there is no inherent legitimacy in being an acupuncturist in the United States. Since there is not even universal recognition of the category *acupuncturist*, there is no societal template for what it means to be an acupuncture school. As independent providers of professional education these schools also do not have inherent legitimacy captured in the familiar categories of *college* or *university*. As institutions that have no inherent legitimacy from either their profession or their structure, schools of acupuncture and Oriental medicine provide an excellent research environment in which to explore the development of legitimacy over time.

An instrumental case study, as defined by Stake (1994), is undertaken in order to explicate or elucidate a particular issue. In his typology, a multiple case study is an extension of the instrumental case study, with the explicit goal of better understanding about the larger collection of cases. Case studies are also well-suited to studies of

organizational processes (Hartley, 2004). In addition, the social constructionist nature of legitimacy makes it impossible to draw distinct lines between it and the environment, which is a common characteristic of case studies (Hentz, 2007; Stake, 1994; Yin, 1984). Merriam (1998) describes the focal point of case studies as being “in process rather than outcomes, in context rather than a specific variable, in discovery rather than confirmation. Insights gleaned from case studies can directly influence policy, practice, and future research” (p. 19). As such, the case study is an appropriate format for exploring the process of legitimization of AOM schools and the relationships between different types of legitimizing activities.

Data Sources

My primary data sources were archival documents, specifically the institutional self-study for the initial ACAOM accreditation and all subsequent reaccreditation self-studies completed through the end of 2009⁹. Self-studies are conducted in preparation for site visits from ACAOM, which are required as part of the initial accreditation process and for each re-accreditation cycle. Each self-study consists of a series of narrative summaries describing the institution and how it meets each of the fourteen standards upon which accreditation is based, including all aspects of governance, administration, academic programs, facilities, and personnel. These narrative sections typically range in length from two pages for Standard II, which ask about the legal standing of the

⁹ Although initial accreditation and re-accreditation are nominally (and actually) different events in the life of the institution, for the sake of brevity and clarity, I used *accreditation reports* to refer to both types of self-studies.

organization with the applicable local, state, and federal agencies, to 20 or more pages for Standard VIII, which discusses the curriculum. In addition to the narrative summaries, each report can include hundreds of pages of appendices of supporting documents, including board bylaws, job descriptions and resumes, and institution floor plans. (For a typical table of contents for a self-study, please see Appendix A.) These reports are produced every three to seven years, depending on the length of the accreditation granted by the previous site visit.

The use of secondary sources as the primary data source for this study followed Sonpar, Pazzaglia, and Kornijenko (2009) in their use of secondary sources for their review of health care organizations in Canada. As they note, use of secondary sources allows access to data that cover long periods of time, contain a good amount of detail, and are monitored by outside agencies. The data provide near-term accounts of recent actions, which avoid some types of recall biases, and has been successfully used by other researchers in similar studies, including Arndt and Bigelow (2000), Fiss and Zajar (2006), Sonpar, Pazzaglia, and Konijenko (2009), and Colyvas and Powell (2006).

Unit of Analysis

The unit of analysis of my study was the institution, specifically six discrete independent professional schools of acupuncture and Oriental medicine. I was interested in them at a supraindividual level, to use Selznick's (1996) term; that is, at the organizational level, not as departments or groups of individuals. That is not to say that the actions of individuals (particularly those in leadership positions) do not affect organizational choices; however, instead of pulling apart the organization into constituent

parts to describe those details, I examined the actions of these institutions holistically, as something distinct from the sum of the actions of departments and individual employees.

Case Selection

In 2009, there were 57 programs accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), the specialized accrediting body recognized by the United States Department of Education for the accreditation of acupuncture and Oriental medicine programs. The decision to limit the pool to accredited schools was based on both pragmatic and methodological considerations. ACAOM maintains a public directory of accredited institutions, but there is no national source that tracks all organizations offering training in acupuncture and Oriental medicine until they request ACAOM candidacy, and no way to know even how many there might be. Accreditation is a reasonable standard to use to restrict the pool to organizations that have demonstrated some comparable level of fiscal, technical, and administrative competency. Most importantly, however, even though they are in different parts of the country, because all are ACAOM-accredited, one important aspect of the environment is consistent.

Of the 57 accredited programs, 33 were clearly independent, specialized institutions; of the other 24, there are some which were not independent (e.g., Dongguk University has significant ties to the Korean university of the same name) and some which were not specialized (e.g., University of Bridgeport offered graduate degrees in 20 programs including acupuncture, and has a significant undergraduate liberal arts cohort; Bastyr University is primarily a naturopathic college, with a small adjunct acupuncture

program). This group of 24 also contains a number of specialized, independent AOM schools which maintain multiple campuses, including Pacific College of Oriental Medicine, which has campuses in New York, Chicago, and San Diego; and Southwest Acupuncture College, which has campuses in Albuquerque, Santa Fe, and Boulder. Since free-standing organizations behave differently than organizations that are part of a system (Fennell & Alexander, 1987), multi-campus institutions were also removed from the sample pool.

The 33 independent specialized schools were sorted by year of initial accreditation by ACAOM.¹⁰ There were 6 schools operating at the beginning of 2009 who received their initial accreditation in the 1980s, 15 in the 1990s, and 12 in the 2000s. In order to mitigate the effects of changes in the environment for AOM schools since specialized accreditation began in 1984, I targeted two schools from each decade ACAOM has been active. As AOM schools are equally divided between for-profit and non-profit corporate structures, another goal in case selection was to have one of each structure from each decade.

Schools were recruited to participate by personal contact with the President or Chief Executive Officer via phone calls during November 2010 and follow-up via electronic mail or paper mail. Appendix B contains a sample of the recruitment package, which included a cover letter, an executive summary sheet, a data summary, and a

¹⁰ This accrediting body was known as the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine (NACSCAOM) until the mid-1990s. For convenience and clarity, I am using ACAOM to refer to the specialized accrediting agency from its inception until the present time.

prospectus of the proposed research. Anonymity for the schools that participated and confidentiality of individual school data was promised to all.

As schools agreed to participate, the selection criteria for the remaining schools was weighted toward diversity in geographic areas and similarity in metropolitan location and access to other higher education institutions. The majority of acupuncture schools in the United States are in the western half of the country; ultimately half of the schools in the sample were also from that region, but all six schools were in different states. All schools were in metropolitan areas which included other higher education institutions, both public and private, as well as one or more medical schools.

Balancing the non-profit and for-profit corporate structures in each decade was not ultimately feasible. The pool of potential schools who were accredited in the 1990s had fairly even distribution of corporate structures, so recruitment efforts were not hampered by numbers. The 1980s had only two for-profit schools and the 2000s had only three non-profits, so my choices were very limited when the first schools decided not to participate. One for-profit institution that could have represented the 1980s cited concern for the confidentiality of its financial information, and the other never responded to my phone calls; the non-profits in the 2000s who declined to be involved also cited concern about confidentiality.

Table 1: *Summary of Schools*

School	Corporate Structure	Decade of Candidacy
Fruit	For-profit	2000s
Fountain	For-profit	2000s
Spotted	For-profit	1990s
Green	Non-Profit	1990s
Teal	Non-Profit	1980s
Manila	Non-Profit	1980s

The final sample contained six schools, two each accredited in the 1980s, 1990s, and the 2000s; there are three non-profit schools, and three for-profit; both of the schools from the 1980s are non-profit, and both from the 2000s are for-profit, while the schools from the 1990s are one of each.

Variables

Because there are an almost infinite number of interesting variables but a limited number of data points in case studies, it was important to clearly identify which variables would be the focus for this study (Yin, 1984). This theoretical framework evolves over time, but was initially necessary in order to avoid “incoherent, bulky, irrelevant, [and] meaningless” (Miles, 1979, p. 591) data that are impossible to analyze effectively.

To address the issue that legitimacy is an “...abstract, unobservable concept that has proven difficult to measure” (Zimmerman & Zeitz, 2002, p. 428), I followed Singh et al. (1986) in the use of specific activities and outcomes as indicators of legitimacy. The variables are overwhelmingly cognitive in orientation, addressing the organizational fit with institutionalized societal rules about what organizational structures and characteristics should be, because these elements are “more basic to the operation of

social systems and provide frameworks on which normative and regulative systems are constructed.”(Ruef & Scott, 1998, p. 879)

The specific activities and events that I tracked, which were developed by cross-comparison of the literature on measurement of legitimacy with my possible data sources, are summarized in Tables 1 and 2. They were divided into two categories: milestones and markers. Milestones were either/or states: although it may take multiple years of institutional effort in order to become accredited, the institution either is, or it is not. The selected milestones were:

- award of degree-granting authority by the state
- initial ACAOM accreditation
- reaccreditation by ACAOM
- regional accreditation
- line of credit

Regulatory legitimacy for AOM schools is primarily provided by federal and state agencies. All of the schools in my sample received degree-granting authority from the state in which they operate quite early in their existence, but the normative legitimacy from the profession of acupuncture and Oriental medicine, represented here by ACAOM accreditation and reaccreditation, took longer to acquire. Regional accreditation is a form of normative legitimacy granted by higher education—many AOM institutions consider applying for it, a few do, and a handful have become regionally accredited. As with the program accreditation, regional accreditation is resource intensive both to obtain and maintain. In the group of milestones, the single factor informing cognitive legitimacy was

the line of credit from a bank. The size of the line of credit was less relevant here than the financial institution which provides the credit: while credit from a local credit union was far more legitimizing than covering cash flow issues with personal credit cards, a business relationship with a well-known national bank could provide legitimacy by association.

In contrast with milestones, markers were continuous variables which were sampled at regular intervals across institutional history to capture incremental difference over time. Initial markers were:

- organizational structure
 - job titles and descriptions
 - reporting lines
- credentials of faculty and staff
 - highest degree/field of study
 - relationship of education to position
 - amount of previous experience in similar positions
- Governing board
 - membership
 - bylaws
- facilities
 - size
 - sufficiency
- relationships with other institutions

- non-higher education
- acupuncture schools
- other higher education

All of the markers specifically address cognitive legitimacy. A summary of all markers and milestones, their legitimacy types, and the measurement variables associated with each is presented below.

Table 2: Summary of Legitimizing Activities

Activity Type	Legitimizing activity	Legitimacy Type	Measurement variables
Milestone	Degree-granting authority from state	regulatory	Date
Milestone	Initial ACAOM accreditation	normative	Date; for how many years
Milestone	ACAOM re-accreditation	normative	Date; for how many years
Milestone	Regional accreditation	normative	Date; for how many years
Milestone	Line of credit	cognitive	Date; type and scope of granting institution (bank, credit union)
Marker	Organizational structure	cognitive	Job descriptions and titles; reporting lines
Marker	Personnel	cognitive	Credentials of faculty and staff; highest degree earned, in what field; relationship of education and experience to current position; membership in professional organizations
Marker	Governing board	cognitive	Responsibility, scope of authority, bylaws, number, composition
Marker	Facilities	cognitive	Size, sufficiency, location, level of finish, ownership
Marker	Relationships with other institutions	cognitive	Date; joint programs, transfer agreements, or other formal relationship with other higher education, other AOM schools; ongoing relationship with other business or community entities

Note that the separation into markers and milestones is only an analytical and organizational convention. It is not meant to imply that the milestones and markers exist independently of each other: appropriate development of organizational structures, personnel, and facilities is necessary to achieve milestones.

The fact that this information is either reported to or generated by ACAOM, the accrediting body, which serves as a gatekeeper for the profession (normative legitimacy), and a bridge to the United State Department of Education (regulatory legitimacy) serves as confirmation of Ruef and Scott's (1998) assertion that cognitive legitimacy is the groundwork for both normative and regulatory legitimacies.

Data Collection

The markers and milestones outlined above served as the initial framework for collecting and organizing data. All schools provided on-site access to review the self-studies and the supporting documents. To review the data, I visited each site for 1–3 days between December 2010 and April 2011. Incomplete or unclear documentation was clarified through conversation with institutional key informants as necessary during and after those visits. I primarily used spreadsheets in order to help organize the data collection task, both to track which materials were available and what was missing, and to take notes on the milestones and markers.

The standard format for ACAOM Self-Study Reports simplified the data collection, in that there were specific, limited places to find the information. In the initial review process for each school, I cataloged the available reports. Each school had 2–5 self-study reports and their associated appendices for a total of 23 documents for my

review. The quality and completeness of the data varied somewhat: my assumption that the earliest reports would be the least complete turned out to be unsubstantiated, with a fairly even spread of randomly missing documents, appendices, and specific pieces of information. One school cannibalized an early self-study to do the next one, and felt no need to maintain the original version; a different institution consistently left out most resumes or biographical sketches on its administrative staff in more than half its self-studies. Still, more than 90% of the reports had at least some information about each variable.

This project was certified as exempt from human subjects regulations. Informed consent was not applicable because this was an organizational study based on existing data and there were no individual human subjects. See Appendix C for a copy of the initial Certificate of Exemption and the amendments for other sites.

Data Analysis

Data collection and the first round of analysis happened concurrently, and were then followed by successive rounds of analysis. Each variable has had its own challenges of coding, organizing, and analyzing, even before I moved to examine the whole picture. For discussion of the evolution of the markers and milestones during the initial analysis, see the beginning of Chapter 4.

After this phase was complete, I built multiple tables positioning the markers in relationship to each other according to temporal milestones, both absolutely (in a specific year) and relatively (in some number of years before or after a milestone). These chronological matrices were “especially helpful for understanding the flow, location and

connection of events,” and excellent for “exploratory eyeballing” (Miles & Huberman, 1994, p. 93).

Data were analyzed through content analysis, an iterative process of inductively developing categories which reflect the relevant points from the materials (Merriam, 1998). In Hsieh’s (2005) typology, this is conventional qualitative analysis: there is not an extant theoretical framework explaining how legitimacy operates that I was trying to validate, extend, or expand, nor was there any analysis of the text as separate contextual markers from the content itself.

In order to develop analytical threads, I followed Merriam’s (1998) use of constant comparison within a case study format to construct categories inductively, both within markers and across them. This process of constant comparison happened at two different levels: each marker had its own summary sheets, and there was a master list combining notes from across all of the markers. All of the categories were constructed to reflect the purpose of the research, to exhaust the relevant data, to label intuitively and inclusively of the data covered, and to maintain similar levels of abstraction between the concepts (Merriam, 1998). Once the categories were in place, the data were reviewed as necessary to make sure all of the relevant units of meaning had been appropriately categorized.

These categories were used in conjunction with the chronological matrix to inform the development of the relational map that oriented legitimacy processes in context. This chrono-relational map was based on Clarke’s (2005) situational analysis model. Although her analyses were developed for grounded theory research, their focus

on the broader context is relevant to case studies, and are especially suited for visual representation of relationships. Relational maps chart the *who* and *what* that matter: all of the potentially pertinent events and forces were arrayed, and each item in turn was connected to all the other items on the map by lines, which are labeled with the relationship between the two items. I restricted my map to the data collected as part of the study, and added the temporal dimension specifically to look at change over time.

From this temporal map, I tracked the direction of change for each variable over time across all of the reports for all of the schools, sorting the variables by the types of legitimacy that arose from the constant comparison phase. For those variables that could be described numerically, I created simple line graphs to explore general patterns for each grouping over time and compared those results to the more quantitative aspects of the data. Once this was completed, I presented it to my member checkers for their feedback.

Rigor

Rigor refers to the structures, strategies, and processes embedded in the research design that ensures validity; validity, in turn, is the trustworthiness of the results (Sandelowski, 1993). There are innumerable criteria and standards in the literature for generating valid results across the spectrum of paradigms; I used Merriam (1998), since she addresses internal and external validity and reliability in the context of qualitative case studies and provides support for both post-positivist and constructionist paradigms.

Validity.

Internal validity is often described as the extent to which research findings are congruent with the reality of the situation. Triangulation, member checking, and peer

examination were three strategies I incorporated in order to help bolster the internal validity of my research. In the case of document analysis, triangulation of data refers to use of multiple documents from within the institution. Multiple documents provide a more holistic view of the activities and the relationships between activities. In addition, triangulation of methods—different levels of coding, and different visual representations of the data, which are already built into the data analysis—increase internal validity. I had three groups of member checkers reviewed my preliminary and final findings: one initial confirmation from the participating schools, and two reviews of the final draft-in-process. One review was by an acupuncturist who is a former president of an acupuncture school, and also served a five-year term as a Commissioner for ACAOM. Her assessment of the plausibility of the results, based on her understanding of the field, was of great benefit to internal validity. In addition, my design and findings were reviewed by a peer, who is familiar with the concept of legitimacy, to enhance internal validity around my theoretical frameworks from an organizational theory perspective.

External validity is concerned with generalizability. Yin (1984) notes that this is a particular challenge for case study researchers because of the automatic comparison with survey research, where the goal is statistical generalization from the sample to the population. Case studies, however rely on analytical generalization, when “the investigator is striving to generalize a particular set of results to some broader theory” (p. 37). Erickson’s “concrete generalizations” articulate the same concept: by studying a specific case carefully, we can then apply what we have learned to another similar case, but not necessarily to the universe of all cases (Merriam, 1998). In order to increase

external validity in this case, I have included contextual details throughout this write-up so that the similarities between the situations can be compared and the applicability of my research to other contexts can be determined.

Reliability.

Reliability as replicability, as traditionally used in the social sciences, is not particularly relevant to case studies (or to human behavior in general). Merriam, in line with Lincoln and Guba (1985), defines reliability as “consistency” or “dependability.” For case study research, this means that external observers, looking at the data which the researcher has analyzed, agree that the results are consistent with the data. Triangulation of data and methods, as described above, can also enhance reliability, as can an audit trail. I maintained detailed records about the processes of data collection, and analysis, with all decisions described. Although Merriam does not mention it, the same peer review process that enhances internal validity should also enhance reliability.

Limitations of the Study

There are three major types of limitations to this study: those inherent in the subject, in the data, and in the researcher. As previously noted, the lack of scholarly research on independent professional schools makes this an exploratory survey. My choice to examine a single profession, and the decision to focus on the field of acupuncture and Oriental medicine, were potentially limiting in unknowable ways, and can only be addressed by further research. The framing of the research question and the methodological choices were purposely made to leave room for these schools and their processes to speak for themselves, but if I am ultimately looking for the wrong things or

in the wrong places, I may not be illuminating the most important, interesting, or significant aspects about legitimacy in these schools.

One of the challenges of choosing to do archival research is the reliance on documents that are not always complete or accurate. For this study, the absolute truth of the documents vis-à-vis specific historical events or activities is largely irrelevant. These documents are, however, considered an accurate reflection of how these institutions wished to portray themselves at a particular moment in time to their primary source of normative legitimacy (i.e., the accrediting body). It seems unlikely that there are significant-enough aberrations over multiple reports to seriously compromise my findings, but it must be considered.

The potentially more serious issue was with missing data. This study was almost completely reliant on institutions maintaining their accreditation self-studies as they were submitted. As expected, different institutions had more or less complete collections of these reports and the specific sections in which I was interested. It was sometimes possible to fill in gaps, as when the institutional floor plan was identical to both, in the previous report and in the subsequent report, and the narrative was consistent with the interpretation that there was no change. Sometimes institutional informants were able to reconstruct data, such as membership of the governing board, but because that information was not captured contemporaneously, it was not considered as robust as the biographical descriptions originally included in the reports.

The data in these accreditation reports vary between institution and from report to report. The format and organization for the report as dictated by ACAOM did change

some over time, but there were also a number of general directives about what material should be included that left a great deal of discretion up to the school. The identification of key members of the administrative staff is part of Standard IV, and both job descriptions and resumes are required, but exactly which staff members are included is left up to the schools, which creates huge variety in the amount of material available. In the same way, biographies for faculty are required, but the material available ranged from full curricula vitae for anyone who had taught a class in the past year to a bullet list of academic and professional credentials for the didactic faculty who were teaching in that term.

A related issue was researcher access. Schools varied in the type and amount of material I was allowed to copy and take with me, which limited my ability to cross-check my analytical threads and categories against the original documents.

And, finally, researcher bias is always a consideration. I am a former employee of an AOM school and currently serve as a site visitor for ACAOM. My familiarity with the field was the initial impetus for this research, and although I chose not to conduct a single-case study of my previous institution, maintaining focus on what the data actually says, instead of what I believe it ought to say, is a realistic concern. My focus on member review, both by representatives from the institutions in my sample and by an expert in the field, were chosen purposely to help identify and correct for any personal bias.

Chapter Four: Analysis

The first section of Chapter Four covers the changes that resulted from the initial data collection and analysis process in both the milestones and the markers. This is followed by restatement of the research question, and analysis of the data. The analysis is divided into two distinct sections: the overview of all of the arenas in which AOM schools signal legitimacy,¹¹ and the analysis of trends and patterns in each area.

Overview of data and marker evolution

The legitimizing behaviors identified as milestones and markers in Chapter Three were explicitly initial variables because, in qualitative content analysis, the researcher's thinking is expected to evolve over time, and the analytic categories change to reflect the contents of the data (Merriam, 1998; Morgan, 1993). This section addresses the challenges in the data collection and analysis, as well as the evolution of the types of information being collected for the variables.

Milestones.

Milestones, the either/or, date-driven facts about the institution, were generally easy to collect, and the type of data of interest did not change significantly over the course of the project. There were changes to the list of milestones themselves: type and scope of financial institution dropped away, and corporate structure, the presence of a

¹¹ Although lack of expected infrastructure, credentials, and activities also provides information about legitimacy, I am using the terms *signal* and *signaling* to refer specifically to broadcasting signs that reinforce the perception of legitimacy in a particular arena.

policy on academic freedom, California approval,¹² and date of ACAOM candidacy were added. Ultimately, this final group of milestone split into two categories, called *organizational* and *activity* milestones. Organizational milestones, such as incorporation, ACAOM candidacy, initial accreditation, and initial re-accreditation, were faced by all schools and provided the structure for the chronological analysis. The activity milestones such as regional accreditation were optional and had not been undertaken by all schools; these milestones were folded into the markers for analysis.

A subtle but important clarification involved the dates of the self-study the date of (re)accreditation. A self-study is a time-intensive process that takes approximately two years to complete. After completion of the report, there is a site visit, and the report of that visit plus the institutional self study are used by ACAOM to grant (re)accreditation for some number of years. There is a significant gap between the completion and submission of the self-study and the date of any (re)accreditation action by the commission, so the year of the self-study reports does not usually coincide with the official accreditation date. In this sample of 23 reports, the year of the report is the same as the year of (re)accreditation 3 times. Twice the report date and the accreditation date are separated by 2 calendar years, and in 18 cases the self-study is dated one year prior to the actual (re)accreditation. In order to maintain consistency across the schools and make

¹² In 2009 California was the only state that maintained a state-specific licensing exam; the other 43 states (plus the District of Columbia) that licensed acupuncturists at that time also require potential practitioners to pass the National Certification Commission for Acupuncture and Oriental Medicine exam instead (National Certification Commission for Acupuncture and Oriental Medicine, 2009). In order for a student to sit the California exam, their education must be approved by the State of California (California Acupuncture Board, 2011).

a temporal analysis of the data meaningful, I choose to use the year the self-study was submitted as a proxy for the actual year of accreditation.

In addition to the opportunity to pursue regional accreditation, schools who have graduates who wish to practice in California may also seek approval for their program from the California Acupuncture Board. This approval, which is totally separate from any sort of accreditation process, allows a seamless transition for students who wish to take the California licensing exam. The existence of a California approval and the date of initial approval were added as milestones.

Institutional corporate structure (non-profit or for-profit) had not been previously considered as a milestone—just as a factor in school selection. Since corporate structure was also used to group data for analysis, it was added to the list of milestones. Not all schools had institutional lines of credit, but those that did were all with banks (in contrast to savings and loans or credit union), so that data point was dropped. Of the four schools with credit lines, it appeared that each chose a bank with different scopes, so local, state, regional, and national banks were all represented in the sample. One problem with this categorization was that it was sometimes difficult to determine scope accurately for a given bank a decade ago; this fact, combined with the inability to group by scope, were significant limitations to the variable, and it was also dropped. Whether or not an institution had a line of credit, and when it was put in place, was categorized as a separate milestone.

Academic freedom had been originally conceptualized as a marker on the assumption that the written policy would change over time. It turned out that these

policies, once in place, were static, and that not all schools had them. The existence of a policy and the date of implementation were re-categorized as milestones.

Corporate structure and academic freedom were included in the activity group of milestones, which also included line of credit, regional accreditation, and California approval. These are activities which are associated with a particular date, but not all schools choose to do them. Just like the markers, the activity milestones are data points, and the organizational milestones of degree-granting authority, candidacy, and (re)accreditation were used as organizing principles for the chronological analysis of those data points. Activity milestones are discussed with the markers in a chronological framework driven by the organizational milestones of dates for degree-granting authority, candidacy, and (re)accreditation.

The final list of legitimacy-signaling milestones and their associated data is presented in Table 3.

Table 3: Summary of Final Milestones

Organizational milestones	Organizational milestone	Datum used	Number of data points per school	Possible values
	Degree-granting authority from state	Year of degree granting authority	1	1970s – 1990s ¹³
	Corporate structure	Corporate structure	1	Non-profit, For-profit
	Initial ACAOM candidacy	Year candidacy status granted	1	1980s – 2000s
	Initial ACAOM accreditation	Year of self-study report for initial accreditation	1	1980s – 2000s
	ACAOM re-accreditation	Year	1-4	1990s – 2000s

Activity Milestones	Regional accreditation	Year of accreditation	0-1	2000s
	California approval	Year of approval	0-1	1990s-2000s
	Academic freedom	Policy in place	1	Yes, No
	Academic freedom	Year of adoption	0-2	1990s-2000s
	Line of credit	Institutional line of credit	1	Yes, No
	Line of credit	Year	0-1	1990s–2000s

Markers.

As with the milestones, the process of data collection and initial analysis caused some shifts in the markers themselves as well as the information target for each of the markers. Personnel job descriptions and governance bylaws fell away, while the library, the curriculum, and the institutional mission all became additional points for data collection and analysis.

¹³ All dates in this document are given as ranges (as here) or description (“early 1980s”) in order to protect the anonymity of the participants.

Organizational structure aspects of reporting lines and job titles were captured in the organizational charts, but job descriptions proved difficult to wrangle into usable material. There was no consistency in format, in type of information included, or in which positions had descriptions. Job descriptions were often created years earlier than the self-study in which they were included, and did not always match with the job titles and reporting lines from the organizational charts. I had planned to use the job descriptions to pinpoint the distribution of functional areas (academics, student services, operations, finance) across the organizational charts, but the initial analysis showed too much inconsistency and not enough new material to maintain the marker.

Another use for the job descriptions was to triangulate with staff biographies to help assess the relationships of previous experience and education of the staff to their current positions. The same problems with quality, quantity, consistency, and completeness of the job descriptions were also evident in the personnel biographies. I had planned to map the entire administrative structure, but only the core top administrators were consistently represented in the staff biographies, so the staff credential analysis was limited to the top leadership and the librarian. Faculty biographies, however, were consistently available for the overwhelming majority of the didactic faculty and most of the clinical faculty, so I was able to examine change over time in faculty credentials, teaching experience, publications, research, and involvement in professional organizations.

The bylaws were also dropped as a point for analysis as it became clear that, at least for these schools, there were boilerplate legal documents in place from before

accreditation, with little connection to anything else. The mission, on the other hand, leapt out as a source of language and concepts that was extremely valuable in the development of categories as I moved through the data, and offered insights into evolution of the institution's vision of itself over time.

The facilities marker was of limited utility, as most of the sample did not move or change their space significantly, but I did review the floor plans and note the differences in ownership between the various schools. The library came up initially as part of facilities, as that was the place where there was change over time in the space allocation in most institutions, but it is also an important point of relationships with other organizations, as well as staff credentials. The change over time of the percent of Western science included the curriculum was also added as marker.

The final list of legitimacy-signaling markers with their associated data is presented in Table 4.

Table 4: *Summary of Final Markers*

Marker	Variables
Mission	Change over time
Organizational structure	Job titles; reporting lines; functional areas
Faculty	Credentials, teaching experience, publications, research, involvement in professional organizations
Staff	Educational and experiential credentials for leadership team, and librarian
Curriculum	Amount of Western science in curriculum
Library	Staff credentials, reciprocity agreements, space
Governing board	Number, composition
Facilities	Floor plan, ownership
Relationships with other organizations	Library reciprocity, joint programs, transfer agreements, or other formal relationship with other higher education institutions; ongoing relationship with business or community entities

Research Questions

As discussed in Chapter Three, my primary interest was the patterns, commonalities, and differences around legitimizing activities among AOM schools. The basic question I began exploring through this research was “How do independent professional schools of acupuncture and Oriental medicine demonstrate legitimacy over time?” The three sub-questions were

- What are the temporal patterns, correlations, and interdependencies between and/or among particular legitimizing activities?
- What are the global patterns of legitimizing activities across different institutions over time?
- How do these findings inform, expand, and/or challenge the idea there are alternative paths to legitimacy besides isomorphism with institutionalized myths and structures associated with education?

In order to explore this question, I tracked a number of variables (i.e., the markers and activity milestones) that signal legitimacy, and how they changed over time.

Analysis

This section discusses the results of the chronological and relational analysis of the activity milestones and markers, which were described in depth in Chapter Three and updated in the previous section. The first portion examines the five arenas in which AOM schools signal their legitimacy, and this is followed by an analysis of trends and patterns in each area.

Five arenas.

My analysis of these relational maps, which is described in detail in Chapter 3, identified five arenas in which AOM schools signal their legitimacy, which I have labeled “Academic,” “Health Care,” “Contextual,” “Professional,” and “Business.” This section reviews these categories, then discusses the different trajectories and combinations of legitimizing signals from these arenas over time.

Academic.

Education in general, and specifically higher education, is a constant theme throughout the markers. This dimension includes theory, knowledge, research, science, and bodies of knowledge. Schools that are seeking legitimacy from higher education use higher education organizational structures and titles, value the academic degrees and contributions of both teaching and non-teaching personnel, and promote research.

Within the mission statement, the use of language referencing teaching, academics, students, curriculum, knowledge, and education signals the academic focus of the institution. Academic organizational structures have presidents (perhaps under a chancellor) who have vice presidents and deans supervising directors who in turn provide academic, financial, and student support services. The top administrators have or are obtaining advanced degrees, and their credentials and experience in other higher education institutions are advertised. Faculty members are grouped into subject-area departments; their biographies expand on teaching, research, publications, professional credentials, and involvement in professional organizations. Involvement and investment in research, both at the individual level and institutionally, also promote academic

legitimacy. For all faculty, staff, and board members, degrees are important, but any affiliation with high-legitimacy higher education is valued.

Libraries are a major signifier for institutions. Access to scholarly resources, both on site and through relationships with other institutions, is a hallmark of an academic orientation. Even in the digital age, the size and diversity of the collection is a point of pride, and even minimalist libraries advertise the strongest collection on a certain diagnosis or technique, or the most complete collection of translations of a particular text. The term “library” is also applied to non-traditional collections, notably the spaces in which samples of traditional Chinese herbs are available as teaching and study aids.

Advertisement of relationships with other higher education institutions, both formal and informal, is also typical for institutions seeking academic legitimacy. Just like for faculty and staff, while all relationships with higher education are cultivated, institutions perceived as highly legitimate will be promoted that much more.

Health Care.

The second arena of legitimacy is based on the idea of acupuncture and Oriental medicine as part of the health care sector, and positions the practice of AOM in relationship to Western health care. Language and structures relating to both AOM and Western medicine are common, as well as an over-arching concern for health outside of any particular treatment approach.

Mission statements for health care-oriented institutions balance AOM-specific words and concepts (e.g., *tuina*, Chinese herbal medicine, Traditional Chinese Medicine) with allopathic references such as *Western medicine*, *biomedicine*, and *Western science*.

Generic health-care-related words such as *diagnosis*, *health care*, *treatment*, *clinic*, *practitioner*, *patient*, and *intern* are common. AOM is positioned both as a complementary health care modality to Western medicine, and as an alternative. Complementary-oriented institutions signal their position with words such as *integrate*, *incorporate*, and *complement*, while alternative institutions envision their graduates transforming medical care in the United States as primary health care providers, offering affordable, effective health care services outside of a Western health care context.

Clinical training and services receive prominent placement in the organizational chart for health-care-oriented institutions, and a significant proportion of staff are dedicated to those areas. Within the faculty, there is a department of Western medicine, parallel to the Traditional Chinese Medicine department. Institutional leadership includes practitioners with both Western medical and AOM training, and being in practice (in any health care field) is called out. Institutions oriented towards complementary health care develop clinical relationships where supervised interns provide treatment within a Western medical context, while alternative-health care schools develop clinics in shelters, senior centers, and other community contexts that may not have other health care providers.

Complementary institutions particularly value faculty appointments to Western medical institutions, hosting medical students and professionals for educational rounds at AOM clinics, and research collaborations with Western medicine. Library access includes Western medical databases, and privileges at a local medical school library.

Contextual.

The third arena for legitimacy is based in the history and context of acupuncture and Oriental medicine itself. Connections to China, references to the 2000+ year history of Chinese medicine, discussions of *chi* or life energy, and Eastern spiritual traditions in the mission, external relationships, and personnel biographies are common in schools that promote legitimacy based on context.

Mission statements that refer to personal or spiritual growth, non-Western spiritual traditions, healers, ancient lineages, or China itself are orienting the institution towards contextual sources of legitimacy. Ties to China also are apparent in the foundation of the institution, the backgrounds of the individuals on the board, the Asian-trained faculty and staff, sister school relationships, and academic and clinical experiences available in Chinese hospitals.

Many faculty, staff, and board members at high-context institutions have experience with a variety of internal exercise traditions, martial arts, and other forms of energy work. Training in these arenas is through apprenticeship arrangements, rather than being certified by an academic degree, and often involves traveling to or living in Asia. Academic credentials in general are less valued for both faculty and staff, and more likely to be outside of traditional subjects. A higher percentage of personnel are alumni, more are part-time, and Western science is a smaller percentage of the curriculum.

Spirituality is addressed openly at institutions seeking contextual legitimacy. “Healer” is the preferred term to describe the work of the graduates and continual improvement and cultivation of the self is emphasized.

Professional.

The fourth type of legitimacy is focused on the activities of the graduates as providers of professional services. According to Leicht and Fennell, “an occupation is professionalized to the extent that it successfully defines a set of work tasks as their exclusive domain, and successfully defends that domain” (2001, p. 8). In the attribute model of the professions, common characteristics that mark a profession as such include a command of a particular esoteric body of knowledge, a code of ethics, a service orientation, and legislative sanction of and protection for an exclusive area of practice (Carr-Saunders & Wilson, 1933; Goode, 1966; Moore, 1970; Tyler, 1952). All of these aspects of being a professional are reflected in legitimizing signals sent by schools.

There is overlap with some academic signals, such as degrees awarded, but the specifics of the curriculum, the number of hours in various subjects, preparation for licensing, and pass rates for national certification exams promote the idea that this is professional preparation. Regulations around licensing, such as the requirement for California approval for schools whose graduates wish to apply to sit the California licensing exam, are also linked to the professional arena. In addition, course titles such as *Tongue and Pulse Diagnosis*, *Clinical Chinese Herbology*, and *Medical Tuina* are reminders of the inaccessibility of this knowledge without professional training.

Service orientation is how Goode (1966) refers to the way professionals meet the needs of the public. Professionals leverage their esoteric knowledge and apply it for the good of their patient, rather than individuals diagnosing themselves and telling the practitioner what to do. Individuals come seeking treatment for a particular issue, and the

professional expertise of the practitioner allows him or her to provide appropriate measures. This concept is reflected in mission statement language around patients trusting the providers, and around practitioners providing services based on the specialized knowledge gained in the classroom and clinic.

Ethics are another way in which sociologists distinguish professions from non-professions: professional practitioners hold themselves to a particular ethical standard outside of any external laws or regulations, and members of the profession adjudicate violations of those standards. Mission statements are the primary external-facing place ethics are referenced, but schools courting professional legitimacy also may have course titles that mention ethics.

Business.

The business sector is the fifth and final arena in which acupuncture schools can attempt to demonstrate their legitimacy. Business-oriented signals are clearly seen in the composition of the governing board, the organizational chart, staff backgrounds, and in the mission statement.

The representation on the governing board and within the staff of lawyers, accountants, business owners, and those with business degrees is a common signal of legitimacy in this arena. Business-oriented institutions are run by chief executive officers, who supervise chief financial officers, chief operations officers, and chief academic officers. Financial Aid reports to the CFO, rather than to a student services or academic manager. The leadership reports more JD and MBA degrees; staff have experience in

business, but not necessarily higher education, and many are hired for their experience rather than for any particular educational credential.

Mission statements that refer to financial stability or success as practitioners are signaling legitimacy to the business sectors. In addition, they often include adjectives referencing the high quality of the educational experience and the practitioners produced.

Summary.

AOM schools signal their legitimacy in academic, health care, contextual, business, and professional arenas. Like the legitimizing signals themselves, these five arenas are interconnected, interdependent, and overlapping: medicine as art and healing links AOM and its context with health care, while research, teaching clinics, and medicine as science link academic and health care dimensions. Health care and education are both highly influenced by business. Western medicine is a highly legitimate profession, and AOM schools position themselves in relationship to that by promoting AOM as a complement to Western medicine, and an alternative to the current model of health care in the United States. The academic and contextual arenas both value depth of knowledge and the discipline of study, while continuing growth and change are hallmarks of the contextual, professional, and business arenas. No AOM school exists in just one or two of these realms: all schools signal all the time in all areas. One single action can signal in multiple arenas; for example, hiring Chinese citizens with American doctorates signals legitimacy in both the academic and contextual arenas. That having been said, it is more common for certain variables to be associated with signaling in certain arenas; the most common associations are summarized in the table on the next page.

Table 5: Association of Activity Milestones and Markers with Arenas.

Activity Milestones	Variable	Common Signaling Arena(s)				
		Aca- demic	Health Care	Profes- sional	Context- ual	Busi- ness
Regional accreditation	Year of accreditation	X				
California approval	Year of approval	X				
Academic freedom	Policy in place; year of adoption	X				
Line of credit	Institutional line of credit, year					X
Markers	Variable	Common Signaling Arena(s)				
		Aca- demic	Health Care	Profes- sional	Context- ual	Busi- ness
Mission	Change over time	X	X	X	X	X
Organizational structure	Job titles; reporting lines; functional areas	X	X	X	X	X
Faculty	Credentials, teaching experience, publications, research, involvement in professional organizations	X	X	X	X	
Staff	Educational and experiential credentials for leadership team, and librarian	X	X	X		X
Curriculum	Amount of Western science in curriculum	X				
Library	Staff credentials, reciprocity agreements, space	X	X			
Governing board	Number, composition	X	X	X	X	X
Facilities	Floor plan, ownership	X	X	X	X	X
Relationships with other organizations	Library reciprocity, formal relationship with other higher education, ongoing relationships with business or community entities	X	X	X	X	X

The relative numbers of the signals in each area and their changes in relationship to each other over time are the subject of the next section.

Patterns over Time

Where the previous section focused on the five arenas, and possible ways of demonstrating legitimacy in each, this section discusses the results of the chronological analysis, and summarizes how signaling in the academic, health care, professional, contextual, and business arenas changes over time. Each section contains a graph which charts qualitative changes in the markers and activity milestones for each school over time. Depending upon which analysis shows the trends most clearly, the graph may show changes by the year of the report or in years from candidacy. Each variable was counted as +1 if the marker or milestone changed in a way that signaled legitimacy, and -1 if the marker changed in a less-legitimate direction. However, in the Health Care arena, each external relationship counted as +1, rather than any increase in number of external relationships counting as +1. This decision was made both to balance out the possible number of data points available to any school across all of the variables, and to help distinguish between the institutional investment required between adding two library reciprocity agreements, versus adding two external clinical sites. In all cases, variables that did not change and missing data were both coded as 0. General trends and the associated legitimizing variables are discussed in the narrative.

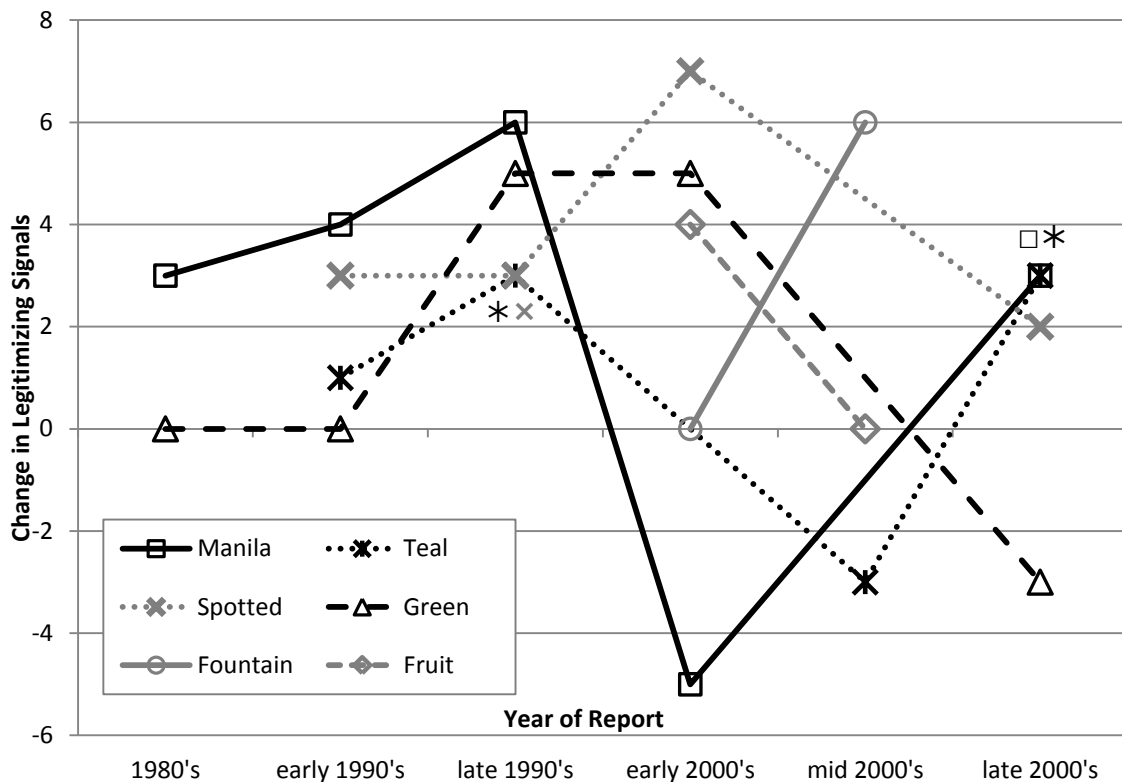
The legend on each figure lists the schools with the designators I chose to preserve their anonymity. At points where multiple symbols overlap, smaller versions of

all of the overlapping symbols are slightly offset from the point. Corporate structure is indicated by color: black lines indicate non-profit institutions, and grey designates for-profit.

Academic.

In examining patterns of operations and activity that signal academic legitimacy, for most schools there is an uptick in signaling in their initial report or in their first re-accreditation cycle, then a downward trend which then turns upward again. For the older schools, the initial uptick was primarily a re-organization along more academic lines, with academic titles, functional areas, and reporting lines. Newer schools often have academic structures and titles in place at initial candidacy, and their jump is around credentials and academic backgrounds for both faculty and staff. In the 1980s and 1990s, doctoral degrees were limited to a few faculty members, but since the 2000s there has been a significant increase, primarily among staff members. While the number of doctoral degrees has increased, the overwhelming majority of that growth has been in degrees in AOM or education and related social sciences. Faculty size shows generally slow upward growth over time, with all schools more than 15 years out from degree-granting authority having one period of retrenchment, which is followed by renewed but slower growth. The number of faculty members involved in research, publishing, post-graduate training, and/or with teaching experience elsewhere has consistently increased at all schools. Libraries generally increase in size over time, and all schools except the very newest have had a professional librarian on staff at some point.

Figure 1: *Change in Legitimizing Signals in the Academic Arena*



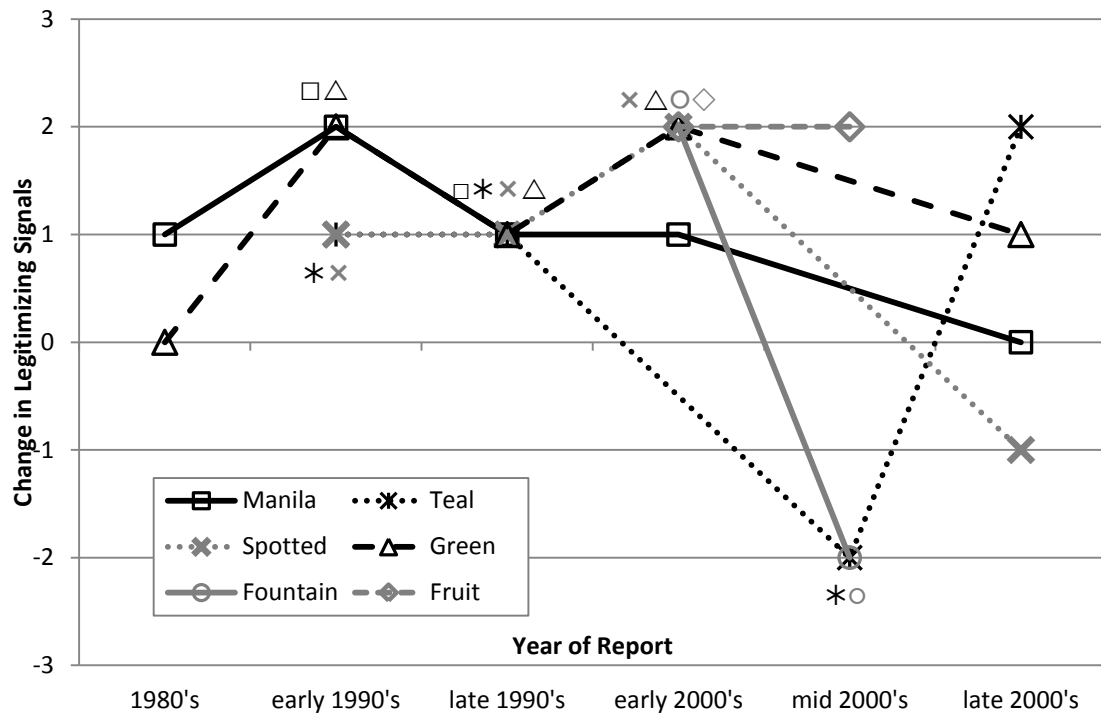
In contrast to these easy-to identify trends, there are also several academic signals where the patterns are less clear, or have multiple paths. Board representation of the higher education sector is decidedly mixed, and can change dramatically from one report to the next. The older the school, the more likely it is that newly-hired staff have relevant advanced degrees, but these schools also have a cadre of long-term employees without robust education or experience outside of the institution. There is a doubling of positions listed on the organizational charts between the first and second accreditation reports, but that only translates to a doubling of personnel in about half the cases. The more positions that are added to the organizational chart between reports, the more likely it is that some of those positions are part time, and schools either hired one individual to fill multiple

slots in the organizational chart, or hired multiple part-time individuals. There were also two distinct paths around written academic freedom policy. Half of the schools had a policy in place at their first accreditation report; the rest put one in place 9-13 years from candidacy.

Health Care.

In comparison to the other arenas, health care legitimizing signals are the slowest to change. The amount of change, even in the 3-5 year increment of these reports, is not very large, and it is one of two variables where schools do not seem to significantly increase their signaling, but ebb and flow at the same relatively low level. The types of changes that are typical signals included gain or loss of medical professionals on the governing board, external relationships providing clinical services within Western medical and/or community settings, and research and teaching collaborations with other health care education. The early 2000s was a very good health care signaling time: all schools reported at least one licensed health care provider on their board, and many had more; there are multiple external relationships with health care, including clinics, research projects, and community health initiatives; this time period also saw a significant bump in the number of Clinical Directors (who supervise the training of the student interns) who are Western medical professionals as well as licensed acupuncturists.

Figure 2: *Change in Legitimizing Signals in the Health Care Arena*



This positive turn, however, is counterbalanced by decreases, sometimes rapid, over the rest of the decade. Only one school had any health care representation other than acupuncturists on their board (and there are fewer of those than at the previous report); external relationships were static or decreased; and representation of Western medical credentialed faculty decreased across the board. One west-coast school seems to be on a similar trajectory, just a little sooner than the other schools—they were already declining by the early 2000s, and hit their nadir in the mid 2000s, as everyone else is beginning to decrease. If their experience is typical, we can look for relatively sharp increases in health care signaling in the next accreditation cycle.

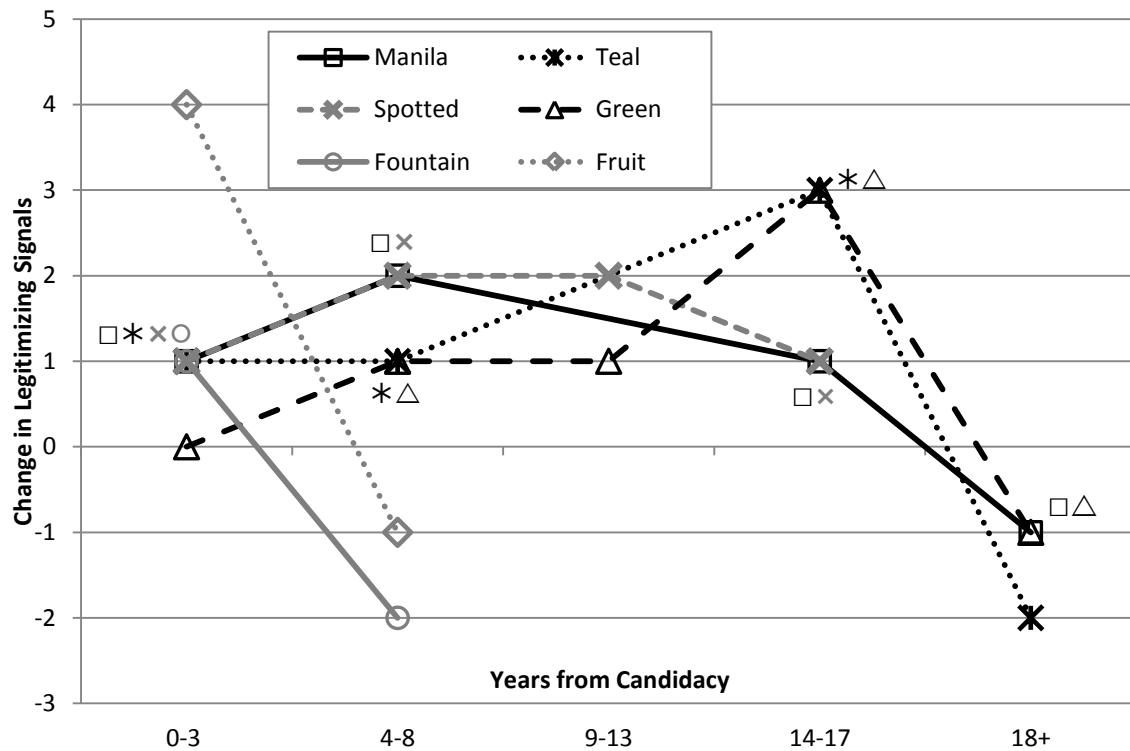
One other interesting trend within the health care arena is the relationship of the complementary and alternative threads, as AOM schools attempted to position themselves in relationship to Western medicine. Schools have four possible positions to take within their mission language: integrative, alternative, both, or neither. Integrative schools used words such as *integrative* and *complementary*, and refer specifically to Western medicine. Alternative schools focused on perceived shortcomings of Western medicine, offering accessible and affordable primary health care, often without any reference to Western medicine. At initial accreditation, two schools had both these threads, two were integrative, one was alternative, and one had no references to either. By 6–10 years after candidacy, one integrative school had removed that language, one had added alternative language, and the schools which started off with both or neither held those positions. As mission statements have continued to evolve and become more succinct, there seems to be a trend towards reducing references to both alternative and integrative threads, and referring to health care without reference to Western medicine.

Contextual.

Like the signals of professionalism, legitimizing signals relying on the context of acupuncture and Oriental medicine have seen a downward trend over time, as schools have fewer faculty trained in Asia, de-prioritize relationships with both Asia and the local Asian communities, and shift mission statement language.¹⁴ In general, the decline in contextual legitimizing signals is steeper than that for professionalism, but this characterization does not address three distinct patterns. The two newest schools have immediate and pronounced declines in references to and connections with China. Two other schools have a much more gentle curve, with a slight increase that holds over one or two reaccreditation reports before decreasing. The third pair of schools promoted their contextual legitimacy before precipitously dropping off after the report at 14-17 years after candidacy. These schools saw significant increases in the number of faculty who were trained in Asia, both among the licensed acupuncturists and the rest of the faculty as a whole, before decreasing again. Outside of individual faculty training and education, external relationships, including internships and study tours to Asia, are more prominent when schools are younger.

¹⁴Although acupuncture originated in China, it spread throughout Asia, developing significant stylistic variations and specializations in the process. Japan and Korea have particularly strong traditions, and the master practitioners of these styles and schools that specialize in them, are potentially as legitimizing as relationships with Chinese masters and schools.

Figure 3: Change in Legitimizing Signals in the Contextual Arena



The mission statements offer an overview of the amount and type of context referenced in the mission statements of various schools. AOM as healthcare is certainly central: all schools embrace the context of AOM as healthcare, and their mission statements typically surround AOM (also referred to as *Traditional Chinese Medicine* or *traditional and modern Oriental medicine*) with generic health-care words (e.g., *diagnosis, treatment, doctor, clinic, intern*) as well as references to Western medicine. A slightly higher-context mission statement might refer specifically to China or Asia (outside of the name of the medicine), healing or holistic medicine, related spiritual traditions, or go into more specifics about the medicine itself. In the mid-1990s some

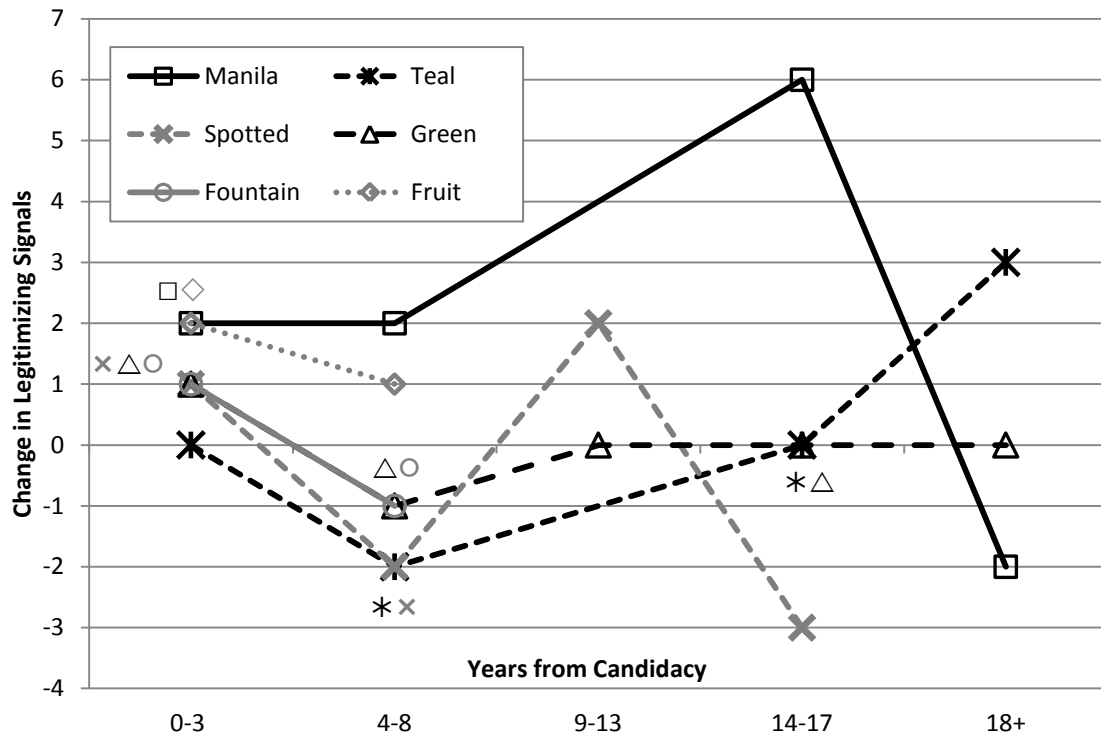
schools began specifying modalities associated with AOM (e.g., internal exercise, nutrition, herbal medicine). This was always in the context of providing education in all areas, not in claiming specialization. Two of the schools that had added specific modalities backed away from that language, and in the late 2000s version of their missions highlighted healing and compassion. One maintained typical language (and parallel amount of context) by referencing Traditional Chinese Medicine, but the other removed all references to acupuncture and Oriental medicine, moving totally beyond the context to simply identify themselves as health care providers.

Professional.

The professional arena is one arena with a clear trend. Whether looking at years from degree-granting authority, years from candidacy, or the decade of candidacy, there is no positive movement until after the second report. The trend is positive for one or two report cycles, but for five out of six schools, the early 2000s marks the last time there was an increase in signaling in the professional arena.

In the 2000s, a number of activities were happening across most schools that decreased legitimacy signals in the professional arena. Mission statements were rewritten, removing references to certification exams and licensing. The number of acupuncturists who were teaching at their alma maters rose across the board, where it was previously decreasing. The percent of faculty who were described as maintaining a private practice dropped, although it did rebound some at the end of the decade. In all schools, both the percentage of staff and board members who are licensed acupuncturists has steadily declined.

Figure 4: *Change in Legitimizing Signals in the Professional Arena*



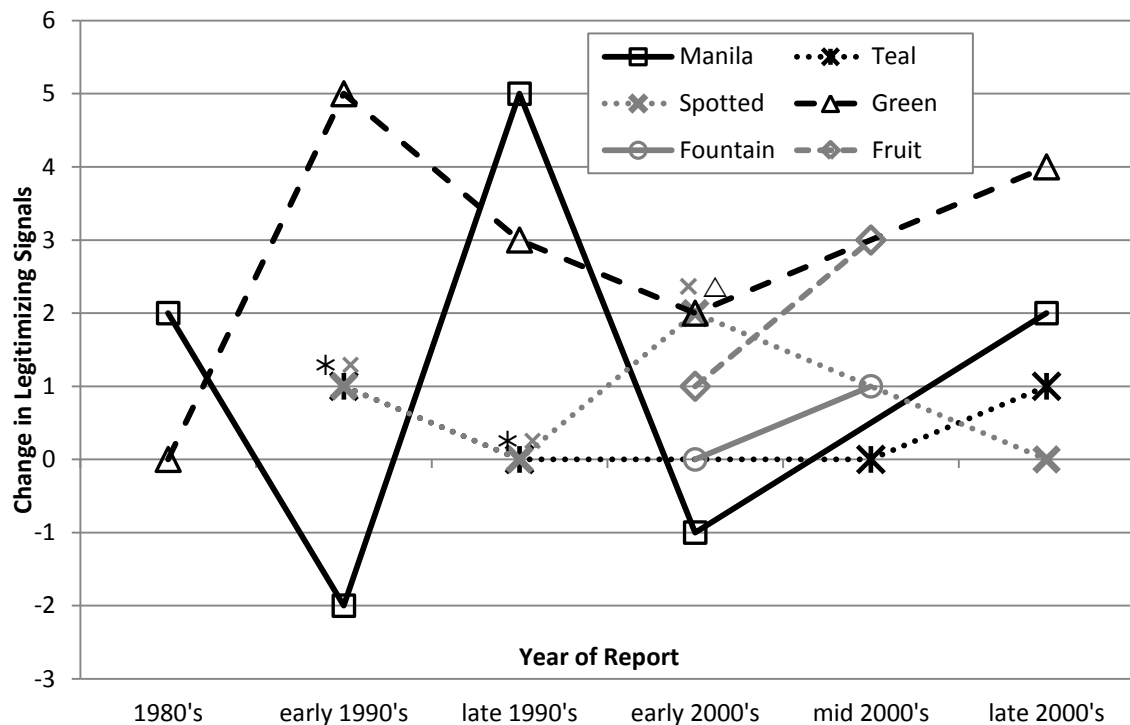
External relationships that signal professional legitimacy include institutional participation in professional organizations, involvement with community organizations, and interactions with state and federal government. All schools in this sample were members of the Council of Colleges of Acupuncture and Oriental Medicine, so that was not a point of differentiation; as legal recognition, protection, and authority over a particular set of activities is one hallmark of professions (Carr-Saunders & Wilson, 1933), California approval is one common type of professional-signaling external relationship. Not surprisingly, among older schools, geography is strongly correlated with when schools achieve approval: the closer schools are to California, the sooner they become approved. Neither school from the 2000s had yet received approval, however,

even though geography and the trends from the older schools suggest it would have happened for at least one of them.

Business.

The business arena has the most consistent positive trajectory, and was second only to the academic realm in the absolute number of data points generated. Legitimacy in this arena was demonstrated by representation from law, finance, and business on the governing board; personnel qualifications and organization; maintenance of a line of credit; and mission language. It did not matter whether the school was for-profit or non-profit (on this variable, or any other), the patterns were independent of corporate organization.

Figure 5: Change in Legitimizing Signals in the Business Arena



By the 2000s, law, business, and finance were represented on the governing boards for all schools except one, and that one had two of the three areas covered. Business was represented 33 times (second only to Western medicine), and when combined with law and finance accounted for 40% of all public board members over time. Organizationally, although most schools moved towards an academic organizational structure with academic titles, more and more individuals within that structure have MBAs. The finance side of the house is now run by specialists with significantly stronger education and experience, by the late 2000s the president of was more likely to be a lawyer or business person than to be an acupuncturist. Four schools acquired and maintained credit lines; in every case, this coincided with an increase in representation from law or business sectors on the governing board.

Business-oriented language was less common in the mission statement, but was present in references to graduates being financially autonomous, and in language that promoted quality of the graduates, their skills, and the education they received.

Summary.

In addition to identifying the five arenas in which AOM schools signal their legitimacy, temporal analysis of each school from the time of their initial ACAOM candidacy demonstrates that each school has a specific legitimacy profile across all five arenas. Each arena within this institutional legitimacy profile ebbs and flows between relatively narrow limits, and it is not possible for schools to increase their signals in all areas simultaneously. Over time, the business and academic signals are generally

increasing, contextual and professional signals decreasing, and health care remains fairly stable.

Chapter Five consolidates all of the findings, and discusses some of the possible reasons for them. After reviewing the contributions of this work in conjunction with the literature, I offer suggestions for schools, discuss the limitations of the study, and suggest areas for future research.

Chapter Five: Discussion and Implications

Chapter Five opens with a summary of temporal and global findings, which is followed by discussion. Then I present further review of findings relevant to alternative paths to legitimacy, concluding with ramifications and recommendations, limitations, and areas for further research.

Summary of Findings

In exploring how independent professional schools of acupuncture and Oriental medicine demonstrate legitimacy over time, three specific subquestions guided my research. The subquestions were:

- What are the temporal patterns, correlations, and interdependencies between particular legitimizing activities?
- What are the global patterns of legitimizing activities across different institutions over time? and
- How do these findings inform, expand, and/or challenge the idea there are alternative paths to legitimacy besides isomorphism with institutionalized myths and structures associated with education?

The findings for each of these subquestions are examined below, followed by discussion of some forces which may be influencing these patterns.

Temporal Patterns.

Temporal patterns found among the various markers and milestones which were discussed in Chapter Four are listed here. The findings are arranged first by decade, then

by time from candidacy, by time from degree-granting authority, and finally by general trends.

Early 2000s

- Strong health care representation on the board
- Multiple types of external relationships with health care
- Jump in the number of clinical directors that are both Western medical professionals and licensed acupuncturists

Late 2000s

- Western medical personnel on governing boards decreases
- Western medical faculty decreases
- Loss of external relationships with Western medicine

2000s in general

- Decrease in acupuncturists as staff members, including shift away from acupuncturists as presidents/chief executive officers
- Law, business, and finance are all represented on governing boards
- Institutions have academic organizational structure with primarily academic titles
- Organizational chart shows expansion of financial structures
- Increase in MBAs across the institution
- New hires have advanced degrees and relevant experience
- Licensed acupuncturists down as part of staff and board
- Number of licensed acupuncturist alumni who are faculty increase

- Mission statements no longer have references to certification exams and licensing
- Increase in faculty and staff with advanced degrees

Between the first and second accreditation reports

- Number of staff positions listed on the organizational charts doubles

6-10 years after candidacy

- Balanced references to alternative and integrative relationships to Western medicine in the mission statements

15 years from degree-granting authority

- Period of retrenchment in faculty size, followed by renewed but slower growth

General trends

- The closer schools are to California, the sooner they receive California approval
- The number of faculty members involved in research, publishing, post-graduate training, and/or with teaching experience elsewhere continually increases
- Libraries increase in size over time
- Older schools have a cadre of long-term employees without robust education or experience outside of the institution
- External relationships with Asia are more prominent when schools are younger

Global patterns.

In addition to the marker- and milestone-specific findings, this research indicates that there are also global patterns of legitimizing activities for AOM schools, specifically that all schools signal their academic, business, professional, contextual, and health care legitimacy. Over the time period of the study, academic and business signals generally increased, professional and contextual signals decreased, and health care signaling remained steady.

Discussion of Temporal and Global Patterns

The overarching trends for the schools as a group indicate that signaling in professional and contextual arenas is in decline, academia and business are currently increasing, and health care is stable, with a slight positive trajectory. These changes are directly tied to the *professionalization project* (Leicht & Fennell, 2001) underway in the field of AOM, as well as external challenges inherent in the arenas themselves.

Professionalization Projects.

A professionalization project is the process of defining an area of exclusive work, defending that area from encroachment by outsiders, and enhancing the autonomy of the individual doing the work with the ultimate goal of monopoly power over a particular area of knowledge (Leicht & Fennell, 2001). The development of specialized accrediting agencies, AOM-friendly state practice acts that regulate scope of practice and qualifications for licensure, development of an entry-level doctorate, and inclusion of acupuncture in insurance coverage are all aspects of the professionalization project underway in AOM. As the number of acupuncturists increases, more individuals become

familiar with AOM, and more state and national organizations arise to promote AOM as a profession, schools do not have to promote themselves so strongly as producing professionals—it is becoming an assumed part of the AOM landscape. AS a direct result, the amount of signaling in the professional arena is decreasing.

The evolution of academic credentials, which is part of the professionalization project, has had the opposite effect on signs of academic legitimacy. Initially, schools offered certificates and diplomas; now most award a Master's degree for approximately 2000 hours of study.¹⁵ Within the past five years, American schools have begun offering doctoral degrees in AOM , which has created a reinforcing cycle: these programs require a critical mass of faculty who have doctoral credentials, and generate practitioners with doctoral degrees who go on to teach, administrate, and/or sit on governing boards. In addition, changes in the delivery of advanced degrees in education and business have allowed individuals in leadership roles to complete advanced degrees while continuing to work.

Inherent Challenges in Health Care, Business, and Cultural Context

Signaling legitimacy in the health care sector, although critical for the success of a school training health care professionals, is a challenge for AOM schools. There are both internal and external forces that make this a resource-intensive process with limited

¹⁵ All ACAOM accredited schools currently have a 1905-hour minimum for acupuncture (and about 700 more for Oriental medicine) (Accreditation Commission for Acupuncture and Oriental Medicine, 2009), but the title of the degree awarded is dependent on individual state regulations.

return, including the alternative/complementary dichotomy within the field itself and the nature of modern health care.

Building and maintaining external relationships with health care can be both time consuming and resource intensive. AOM schools have to be recognized as providers in order to be involved in government and agency task forces and working groups on health care, but having a track record of providing health care in an agency setting is critical in order to set up external sites and become known. There are no standard models for developing clinical sites or rotations in Western medical facilities, so every institution develops their own structures for those relationships. These relationships require a strong advocate on the Western medical side, but even organizations with interest in including AOM as part of their clinical offerings may not be willing or able to manage the administrative overhead to develop a contract. Once a contract is in place, the loss of an inside advocate can mean the loss of an established clinic. Even if the services are well received, there are so few acupuncture students and such a limited number of patients they can treat, compared to the number of patients seen overall in the system, that the benefit to the Western medical institution can be perceived as negligible.

Traditional Western medicine is the major player in modern American health care, and all other medicines are defined in relationship to it. AOM presents itself both as an alternative to Western medicine, and as an integral part of the health care options that should be available to modern health care consumers. Many schools were founded with one viewpoint or another ascendant, but over time as competition for students and

resources intensified, schools balanced their signals to avoid alienating potential consumers (either students or patients).

The business sensibility that has potentially taken the edge off of the alternative/complementary distinction can be seen across all aspects of AOM schools and the arenas in which they operate. The commodification of modern health care is one of the aspects that drives schools and practitioners to separate themselves from Western medicine, yet the increasing numbers of MBAs on staff, businesspeople, lawyers, and accountants on the governing board (in spaces formerly occupied by acupuncturists), and the expanding financial arm of the institution suggest that it has infiltrated the schools more than they might care to realize.

The contextual arena is, in many ways, a double-edged sword for AOM schools. Too much emphasis on the Asian history and culture risks alienating the general public who are the audience for the medicine. Students, who are inspired by Eastern philosophy, meditation, or internal exercise, want to learn from faculty who received their training at top Chinese schools¹⁶, but simultaneously worry about being able to understand their instructors. Basic cultural differences between China and the United States must also be navigated in both the classroom and the clinic. In particular, teachers and doctors in China are authority figures who are not used to being questioned, while modern American students and patients are encouraged to actively engage with their teachers and health care providers.

¹⁶ Training for AOM and Western medicine are often combined in China in one eight year program, so Chinese faculty often have significant Western medical knowledge and experience.

In addition to these external pressures, within the field of AOM there are significant political minefields. Currently in the United States, the terms “Classical Chinese Medicine” and “Traditional Chinese Medicine” refer to two branches of AOM based in the same traditional texts. Although these traditions are very closely related, Classical Chinese Medicine (CCM) claims to be the true lineage of the classic texts, and Traditional Chinese Medicine (TCM) claims to be following the true course of the evolution of the medicine over time. Unfortunately for AOM schools in the United States, (most of which teach TCM), this evolution included being championed by Mao Tse-tung as the medicine of the people (Scheid, 2002), and this visceral link with Communism is still potentially problematic.

Multiple alternative paths.

Comparison of these findings with those of Aurini (2006) and Kraatz and Zajac (1996) show significant agreement, in spite of the different populations under study. Aurini’s study examined how private education businesses demonstrate legitimacy in spite of rejecting many of the templates of education; in Kraatz and Zajac’s work, liberal arts colleges which shifted away from congruence with expectations about liberal arts colleges found adequate legitimacy in alignment with other environmental myths. Both studies, which focused specifically on legitimacy in different types of educational settings, indicated that there are potentially multiple, alternative paths to legitimacy. Neither study addressed *multi-liminal* organizations, which is the term I use to describe these institutions that exist on the boundaries of multiple different environmental arenas, although Aurini’s K-12 education businesses did “straddle two worlds” (p. 106). In both

studies, the multiple paths identified were alternatives to legitimacy through congruence with expectations about education, which agrees with my findings. As Aurini noted,

There is a growing variation and change within the education sector, and this variation allows for diverging paths of development and results in diverse schooling forms. Consequently, these schooling forms may vary in the institutional and technical logics by which they appeal to their clients and provide actors with alternative sources of legitimacy (2006, p. 87).

Ramifications and Recommendations for Practice

My research suggests that there are indeed multiple paths for daily operations within these institutions, as long as institutions signal legitimacy across the appropriate arenas. Over time these decisions contribute to an individual legitimacy profile that ebbs and flows with a supra-organizational logic. Independent professional schools must embrace the power of *and*: these schools are not just higher education, or their profession, or their sector—they are higher education *and* the profession *and* business *and* their sector enmeshed in a particular cultural context. This state of *multi-liminality*, where institutions are on the periphery of multiple different arenas, is a core feature of all independent professional schools.

Successful independent professional schools engage with all of these arenas, building institutional legitimacy profile. These profiles may shift over time in response to any number of personal, institutional, sector, or geographic stimuli, but ultimately move back into balance. These findings are important both for AOM schools and for all

independent professional schools, and the next section offers some suggestions for administrative practice in multi-liminal organizations.

Schools of Acupuncture and Oriental Medicine.

AOM schools must continually work to maintain their legitimacy across higher education, within the profession, in the business arena, and within the larger health care sector. The culture and context of the medicine itself as the health care for a civilization for thousands of years also provides an autonomous source of legitimacy. Each field has a particular set of signs, symbols, and activities which trigger recognition of the institution as “desirable, proper, or appropriate” (Suchman, 1995, p. 574). This recognition process is the basis for cognitive legitimacy of any institution, and must take place in all five fields for schools of acupuncture and Oriental medicine.

Recognizing these arenas is one thing, but actually understanding them, and how legitimacy is cultivated and signaled in each realm, is an ongoing process that requires constant attention. There are multiple ways for institutions to maintain their fluency in each realm, including local engagement, job descriptions and hiring decisions, and professional development.

Local engagement is something with which many acupuncture schools are already experienced, whether through provision of clinical services, participation in library consortia, or teaching and research partnerships. The five arenas offer a roadmap of possible types of engagement to consider in order to expand or balance an institution’s legitimacy profile. AOM treatment of the public is a claim to legitimacy as health care providers, but the choice of venue and populations for student clinics also positions the

medicine as either an alternative to, or in integration with, Western medicine. Research and teaching collaborations, joint degrees, and library privileges are signs of higher education legitimacy, but may also speak to health care when the relationships are with medical schools. Involvement with local chapters of professional associations for acupuncturists and business people speak to the professional field, along with active engagement with the state government, licensing and regulatory bodies; in addition, outreach to and participation in activities with local Asian communities can deepen contextual legitimacy.

Developing job descriptions and hiring staff with an eye towards both breadth and depth of recent experience across and within the fields offers another way for schools to tweak their institutional legitimacy profile, both short-and long-term. The trend towards standardization of organizational charts and specialization of credentials and experience for various positions has both benefits and risks for the institution. The rising tide of administrators with advanced degrees in higher education and experience at various other traditional colleges and universities who are now working for AOM institutions increases institutional legitimacy in the higher education sector. A concentration of those individuals who are not engaged with, or cognizant of, the health care sector and/or the dynamics of the professionalization project currently underway in the AOM field, however, risk alienating staff and faculty who identify more closely with those sectors, and decisions that make perfect sense in a higher education silo may not adequately address the challenges of a multi-liminal institution. Actively working to diversify the

faculty and staff, and maintain representation of all fields at the institutional-decision-making level can help avoid skewing the institutional legitimacy profile.

In addition to hiring decisions, working proactively to regularly expose all of the staff and faculty to current issues and best practices across all fields can help address gaps in understanding and facilitate communication around contentious issues. Training on active listening, consensus-building, and diversity are important tools for leadership in any organization, but is critical for decision-makers who must operate in such strongly multi-liminal environments. Understanding change and how to manage it is particularly relevant for a field such as AOM that is in the midst of an active professionalization process.

Independent Professional Schools.

Of the five arenas that comprise the multi-liminal environment for AOM schools, the context of the medicine as the health care for a culture over millennia is the only one that is unique to AOM. All independent professional schools must maintain legitimacy as a higher education institution, as a training ground for professionals, in relationship with the sector in which they operate, and as businesses. Each professional field has its own historical and cultural context—AOM is unusual in the strength of its cultural context, but it is not unique: schools of Ayurvedic medicine, a system of traditional medicine in India, would have a similarly strong context.

For any independent professional school, recognition of institutional multi-liminality allows for the possibility of purposeful engagement and intentional decision making. Both operational decisions, including hiring, institutional partnerships, and

professional development, and long-term strategic planning that explicitly recognizes and addresses the position of the institution at the intersection of multiple distinct fields allow the institutional legitimacy profile to be managed thoughtfully.

Limitations & Future Research Opportunities

Although this study is just an initial overview of a portion of the unexplored vein that falls at the intersection of education and sociology, it is an important first step in understanding how independent professional schools exist from a neo-institutional perspective. The weaknesses of this study and research from both sociology and business offer a number of directions for future research.

One primary weakness in the study design was the necessary assumption of the basic equality of each legitimizing signal. The only attempt made to weight the relative amount of legitimacy in various actions was in the external clinical relationships. Every new relationship was counted independently as a nod to the amount of staff time and effort required to set up a contractual relationship, but future research should address this. Diez, Blanco, and Prado's (2010) quantitative, global model for building legitimacy profiles would be an excellent starting point, and would allow for exploration of exactly how much legitimacy is required. Once an absolute baseline was established, steps could be taken towards articulating healthy and unhealthy variance in the balancing act between the different signaling arenas. This type of analysis could also address the problem of having different numbers of markers and milestones in various arenas, and of potentially missing significant markers.

The difficulties in sampling both non-profit and for-profit corporations in three different decades is also worth exploring, although there was no difference in their legitimacy profiles in this study. In the 1980s non-profit structure was typical, but by the 2000s, new schools were primarily for-profit. Certainly for-profit education has a much larger presence recently than it did twenty years ago, but even as cognitive legitimacy of the form has increased because of the public consciousness, association with a much-maligned sector is not a benefit to higher education legitimacy. For-profit corporate structure is a signal to the business arena, however, which has generally been increasing across all AOM schools. How or if these institutions address the negative public perception of for-profit schools, and why founders chose to incorporate in the form they did are both possible avenues for further research.

There are also a number of relevant research threads that offer potential direction for further research about both AOM schools and independent professional schools in general. D'Annunzio, Sutton, and Price (1991) suggest that institutions attempting to gain legitimacy in a new sector will conform only as much as necessary, while maintaining structures and behaviors viewed as legitimate in their primary sector. How does this play out in independent professional schools and other multi-liminal institutions, which may not have a clear home sector, but are on the edge between multiple different arenas?

How multi-liminal institutions are the same or different from the high-multiplicity environments described by Oliver (1991), which focused on competing and conflicting organizational demands from various constituencies, is another potentially fruitful area for further research. She describes five options for organizational response to

environmental pressure, including acquiescence, compromise, apparent compliance, resistance, and action to implement change. Does this model apply to organizations where the multiple constituencies are spread across multiple arenas? If not, does institutional multi-liminality offer the same sort of protections from organizational pressure that constituent multiplicity (Oliver, 1991) does?

The problems in the categorizations of educational environments as highly institutional and minimally technical have already been touched on, but further exploration of how signaling legitimacy through acceptance of myths and structures associated with the business environment relates to market-driven changes in the institutions would be another avenue for exploration.

Conclusion

This study opened with the premise that the marginalized but rapidly expanding corner of higher education occupied by independent professional schools had been unfairly overlooked. The results demonstrate that this oversight speaks to directly to the fact that these schools are not only higher education entities, but also professional, contextual, health care, and business organizations. Since they must spend resources in multiple places to demonstrate their legitimacy in various arenas, ultimately these schools are only as connected to the field of higher education as they make themselves. This multi-liminal positioning is unusual in higher education, but is just one of a growing number of non-traditional forms on the periphery of higher education that deserves further research.

This research marks an initial effort to bring scholarly attention both to schools of acupuncture and Oriental medicine, and to independent professional schools as a group. It offers support for the idea that there are multiple avenues for demonstrating legitimacy, and suggests a model for the arenas in which legitimacy operates for independent professional schools. In addition, this research articulated the concept of multi-liminality as both a characteristic of independent professional schools and an important feature for future research.

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Appendix A: Sample ACAOM Self-Study Table of Contents

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Appendix B: Recruitment Package

31 Village Lane
Berlin, MA 01503
November 24, 2010

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

Thank you for taking the time to review these materials. In addition to this letter, I have attached an executive summary, details of the data I am requesting, and a theoretical overview of my work.

As I noted when we spoke on the phone, I am a doctoral candidate at Boston College in Boston, Massachusetts, conducting research on schools of acupuncture and Oriental medicine for my dissertation. I initially became familiar with AOM schools through the New England School of Acupuncture, where I worked from 2004-2009, and I continue to serve the AOM community as a site visitor for ACAOM. Since leaving NESAC to complete my PhD, my focus has been on application of organizational theory to higher education, with specific attention to the issues facing independent professional schools. Now, as I begin my dissertation, I have the opportunity to narrow my focus back to AOM schools, and am writing to ask for your help.

The rise in interest in complementary and alternative healthcare in the United States has helped to establish the AOM field, but there is no broad societal understanding and recognition of what it means to be an AOM professional, or of the quantity and quality of the training necessary to become licensed to practice. In addition, most AOM programs are independent of larger universities and must rely completely on self-generated resources. These factors, as I am sure you are aware, are significant challenges to the survival of AOM schools. In spite of this, however, there are now more than fifty accredited AOM schools, and more in candidacy.

Understanding the different paths AOM schools have taken in order to survive for decades in less than ideal conditions has the potential to offer current and future AOM schools new tools for enhancing institutional success, as well as to raise the profile of AOM schools in general. As there is currently no scholarly literature or published research on AOM institutions, this work will help inform the higher education community about the

existence of AOM schools, and their place as part of the rapidly expanding allied health sector of higher education.

To that end, I am seeking 6 schools, two which received initial accreditation in the 1980's, two in the 1990's, and two in the 2000's, as data sources for a longitudinal multiple-case study for my dissertation. The study methods revolve around documenting changes over time in facilities, composition of Boards, faculty and staff credentials, agreements with external organizations, alumni relations, and organizational structure. I expect the information I am seeking has already been prepared for previous accreditation self-studies, and would not require significant staff or administrative time to create. Schools which allow me access to their data will be identified only by pseudonyms, and any identifying data will be disguised. Confidentiality of the data is my highest priority: all data collected as part of this report would be kept in secure files, accessible only to me, and not shared with any other party. All study activities would be carried out in strict accordance with the protocols for confidentiality, research integrity, and quality specified by Boston College.

I would very much appreciate the opportunity to include data from [REDACTED] [REDACTED] in my research. Please let me know what questions I can answer, or what other information you need; I can be reached via e-mail at elizabeth.storrs@bc.edu or by phone at (207) 577-9855. Thank you for your consideration!

Sincerely,

Elizabeth Storrs
PhD Candidate, Higher Education Administration
Boston College

Research goal: to develop one or more process models of the development of schools of acupuncture and Oriental medicine over time, with specific attention to the patterns, correlations, and interdependencies between different activities which signal legitimacy to outside constituents.

What I am asking for from participating schools:

- access to data from ACAOM accreditation self studies, from candidacy through 2009.

Why

- successful, independent specialized school of acupuncture and Oriental Medicine
- accredited in 1980's
Including two schools from each decade of ACAOM accreditation helps control for environmental changes over time.
- corporate structure
Including both for-profit and non-profit corporations is necessary in order to accurately reflect the characteristics of AOM schools, allow for generalizations about the field, and to potentially apply this research to schools in other fields.

Important to note:

- This is a descriptive study, not an evaluative or comparative one.
- The reasons for particular changes, or the personnel involved, are not relevant to this study; it is the fact of institutional change, exactly what that change was, and if it happened before, after, or simultaneously with other changes, is critical.
- Schools which participate will not be identified by name, geographic location, or other characteristics which make them identifiable, unless they request otherwise.
- All data will be held in strictest confidence.

Cost/risk to the institution:

- Some administrative time in locating the requested materials.
Milestones and markers were chose specifically to line up with data already collected for ACAOM in order to avoid burdening institutions.

Benefits:

to participating institutions:

- the potential for understanding of institutional history through an organizational theory lens

to all AOM schools:

- useful information for strategic decision making
- increased visibility and legitimacy in the higher education community

to acupuncture & Oriental medicine:

- enhanced visibility for field
- increased legitimacy for the medicine, and the profession

*There is currently no academic literature focused on schools of acupuncture and Oriental medicine.
With your help, I can start to address this very significant omission.*

AOM SCHOOL DATA and SOURCES

The following table outlines the general marker or milestones under study, the specific characteristics of those markers or milestones which are being tracked, and the area in the ACAOM self-studies where the data is typically found.

	<u>Measurement variables</u>	<u>Documents</u>
Degree-granting authority	Date (s)	Self Study ER II: Legal Organization Narrative
Accreditations	By whom, date; for how many years	Self Study ER II: Legal Organization Narrative
Line of credit	Date; type and scope of granting institution (bank, credit union)	Self-Study ER XIII: Financial Resources *there is often a paragraph in the notes to the Financial Statements, or in the Narrative, that says something like "The School received an {amount of money} line of credit from {Local Town} Savings Bank in April, 1999." That single reference, indicating the date of the line of credit and the issuing institution, is the important piece of information.
Organizational structure	Job descriptions and titles; reporting lines	Self Study ER IV: Administration Narrative, Organizational Chart(s), President & Administrator Resumes, Job Descriptions
Mission	Change over time	Self Study ER I: Purpose Narrative, Mission/Purpose Statement(s)
Personnel	Credentials of faculty and staff; highest degree earned, in what field; relationship of education and experience to current position	Self Study ER IV: Administration Narrative, President & Administrator Resumes, Job Descriptions; Self Study ER IX: Faculty Narrative, Faculty bios/resumes, Faculty Bylaws
Board of Trustees	Responsibility, scope of authority; number, composition	Self Study ER III: Governance Narrative, Board Bylaws, Biographies/CV's of Board Members
Library	Holdings, hours of operation, staff credentials	Self Study ER XI: Library and Learning Resources Narrative; Self Study ER IV: Administration Narrative, Library Staff Resume(s) and Job Descriptions
Curriculum	Western Sciences requirement	Self Study ER VIII: Program of Study Narrative, Curriculum Outline
Facilities	Size, sufficiency, location, ownership	ER XII: Physical Facilities Narrative, floor plans;
Relationships with other institutions	Date established; description (clinic sites, joint programs, transfer agreements, or other formal relationship with other higher education (including libraries), other AOM schools; credit accepted by other schools, membership in organizations or consortia, ongoing relationship with other business or community entities)	ER II: Legal Organization Narrative; **Found throughout the narratives and supporting documents, depending on what the relationship is.

AOM SCHOOL DATA and SOURCES

Summary of Typical Data Sources

ACAOM Self-Study Reports

Self Study Application Cover Sheets

Essential Requirement I: Purpose

Narrative Report, Mission/Purpose Statement(s)

Essential Requirement II: Legal Organization

Narrative Report

Essential Requirement III: Governance

Narrative Report, Board Bylaws, Biographies/CV's of Board Members

Essential Requirement IV: Administration

Narrative Report, Organizational Chart(s), President & Administrator Resumes, Job Descriptions

Essential Requirement VIII: Program of Study

Narrative Report, Curriculum Outline, list of affiliated clinic sites

Essential Requirement IX: Faculty

Narrative Report, Faculty biographies/resumes, Faculty Bylaws

Essential Requirement XI: Library and Learning Resources

Narrative

Essential Requirement XII: Physical Facilities

Narrative Report, floor plans

Essential Requirement XIII: Financial Resources

*there is often a paragraph in the notes to the Financial Statements, or in the Narrative, that says something like "The School received a {amount of money} line of credit from {Local Town} Savings Bank in April, 1999." That single reference, indicating the date of the line of credit and the issuing institution, is the important piece of information.

Paths to Legitimacy: Patterns of Institutional Development in Independent Professional Schools of Acupuncture and Oriental Medicine

Independent professional schools, although a major part of higher education in the United States up through the 1800's, disappear from scholarly histories around the turn of the twentieth century. This disappearance coincides with the rise of the university form, which typically included one or more professional schools—that is, schools which provide a post-bachelor's level credential as preparation for entry into a professional field such as law, medicine, or social work. In the twenty-first century, the overwhelming majority of professional schools are affiliated with universities, but there are a growing number of professional schools in variety of fields that are independent, and not part of a university, university system, or in the case of the health professions, a hospital or hospital system.

Institutional theory suggests these schools, like all organizations, must be creating and maintaining legitimacy in order to survive. The term “legitimacy” refers specifically to the “generalized perception or assumption that the actions of an entity are desirable, proper, or appropriate within some socially constructed system of norms, values, beliefs, and definitions” (Suchman, 1995, p. 574). Meeting institutionalized social expectations confers legitimacy, whether or not implementation of the particular expectations have any relation to the institution's purpose, or improves its performance (Meyer & Rowan, 1977). Different sources of legitimacy, including state and local government, accreditors, professional associations, and the general public, have different expectations and models for what make an institution legitimate, and managing the potentially competing demands from different constituencies is critical to organizational survival (Oliver, 1991).

Managing legitimacy is a critical task for independent professional schools since they are, by definition, not part of a larger entity—they must create and manage their own legitimacy independent of any other organization, unlike professional schools embedded in universities. Independent professional schools do not have share in the legitimacy inherent in familiar categories of higher education institutions, such as research universities, community colleges, and liberal arts colleges, because of their invisibility both to the public at large, and even within the higher education community. Independent professional schools may, however, be able to leverage some legitimacy associated with their related professions: e.g., law schools and allopathic and osteopathic medical schools are recognized institutions for preparing lawyers and doctors; the handful of independent law and medical schools may have to explain that they are not affiliated with any university, but there is no question about whether what they are doing is valuable and correct, even if the form is not completely traditional.

One major reason for the legitimacy inherent in the professions of law and Western medicine, and the related legitimacy of the preparatory institutions, is their long history (Singh, Tucker, & House, 1986). Law and medicine were established professions in Europe before the founding of the United States, and the first professional schools in the new nation produced lawyers and doctors. In contrast, although acupuncture and Oriental medicine have been used in China for centuries, its practice in the United States was confined almost exclusively to Asian immigrant communities until the 1970's. The rise in interest in complementary and alternative healthcare has helped to establish the field of acupuncture and Oriental medicine (AOM) in the United States, but there is no broad societal understanding and recognition of what it means to be an AOM professional, or of the quantity and quality of the training necessary to become licensed to practice. That is, there is no inherent legitimacy for AOM schools from the AOM profession itself. As independent specialized professional schools which are not part of larger

universities, most AOM schools are also outside of the mainstream of higher education, and can not rely on any inherent legitimacy from that sector. In spite of limited access to these two types of legitimacy, there are now more than fifty accredited AOM schools, and more in candidacy. Understanding how AOM schools have managed to demonstrate their legitimacy over time can offer valuable insight into the success of these institutions, and information about a neglected area of higher education.

Data Collection & Analysis

The particular legitimizing activities I will focus on can be roughly divided into two categories: milestones and markers. Milestones are either/or states: although it may take multiple months of institutional effort, the institution either has it, or it does not.

Milestones are:

- certification of degree-granting authority
- accreditation by ACAOM, regional accrediting agencies or any other agency
- line of credit

Federal and state agencies are the primary source of regulatory legitimacy for AOM schools. All schools will have received degree-granting authority from the state in which they operate quite early in their existence, but the normative legitimacy from the profession of acupuncture and Oriental medicine, which is represented here by ACAOM accreditation and reaccreditation may have taken longer to acquire, and is constantly changing and increasing in rigor, which poses ongoing challenges which the schools must navigate. Regional accreditation is a form of normative legitimacy granted by higher education—many AOM institutions consider applying, a few do, and a handful have received regional accreditation. As with the program accreditation, regional accreditation is resource intensive both to obtain and to maintain. In the group of milestones, the single factor informing cognitive legitimacy is a line of credit from a bank. The size of the line of credit is less relevant here than the financial institution which provides the credit: while credit from a local credit union is far more legitimizing than covering cash flow issues with personal credit cards, a business relationship with a well-known national bank provides legitimacy by association.

In contrast, markers are continuous variable that change slowly, and will be sampled at regular intervals across institutional history in order to capture incremental difference over time. Markers are:

- organizational structure
 - job titles and descriptions
 - reporting lines
- mission
 - evolution over time
- personnel
 - credentials of faculty and staff
 - highest degree/field of study
 - relationship of education to position
 - amount of previous experience in similar positions
- Board of Trustees
 - membership
- library
 - holdings

- hours of operation
- staff credentials
- membership is consortia/reciprocal agreements (also “Relationships with other institutions)
- curriculum
 - Western science requirement
- facilities
 - size
 - sufficiency
 - location
- relationships with other institutions
 - non-higher education
 - acupuncture schools
 - other higher education

The primary data will be archival accreditation self-studies. Data analysis techniques include chronological matrices and relationship mapping, with an eye to identifying patterns of interaction over time between various milestones and markers, and articulating paths to legitimacy for AOM institutions.

Significance

Legitimacy is a critical ingredient for success of any organization. Understanding different types of legitimacy and the relationships and interactions between them offer current and future AOM schools a new set of tools for enhancing institutional success, as well as a framework for understanding some of the differences between AOM institutions. Within higher education in general, independent professional schools are almost entirely absent from the literature, and there is no scholarly research on AOM institutions. Allied health is the fastest growing sector within independent specialized professional schools, and research on AOM schools as a part of that group can offer valuable insight into this overlooked area of higher education.

References

- Meyer, J. W., & Rowan, B. (1977). Institutionalized organizations: Formal structure as myth and ceremony. *American Journal of Sociology*, 83(2), 340-363.
- Oliver, C. (1991). Strategic responses to institutional processes. *The Academy of Management Review*, 16(1), 145-179.
- Singh, J. V., Tucker, D. J., & House, R. J. (1986). Organizational legitimacy and the liability of newness. *Administrative Science Quarterly*, 31(2), 171-193.
- Suchman, M. C. (1995). Managing legitimacy: Strategic and institutional approaches. *Academy of Management Review*, 20(3), 571-610.

Appendix C: IRB Materials



BOSTON COLLEGE
Institutional Review Board
Office for Research Protections
Waul House, 3rd Floor
Phone: (617) 552-4778, fax: (617) 552-0498

IRB Protocol Number: 11.111.01e

DATE: December 16, 2010

TO: Elizabeth Storrs

CC: Ted Youn

FROM: Office of Research Protections

RE: Paths to Legitimacy: Patterns of Institutional Development in Independent Professional Schools

Notice of Evaluation – [Exempt 45 CFR 46. 101(b)] 4

The Office for Research Protections (ORP) has evaluated the project named above. According to the information provided, you intend to study legitimizing activities among acupuncture and Oriental medicine schools. This is a minimal risk study.

This study has been granted an exemption from Boston College IRB review in accordance with 45 CFR 46.101 (b) 4. This designation is based on the assumption that the materials that you submitted to the ORP contain a complete and accurate description of all the ways in which human subjects are involved in your research.

This exemption is given with the following conditions:

1. You will conduct the project according to the plans and protocol you submitted;
2. No further contact with the ORP is necessary unless you make changes to your project or adverse events or injuries to subjects occur;
3. If you propose to make any changes in the project, you must submit the changes to the ORP for IRB review; you will not initiate any changes until they have been reviewed and approved by the IRB;
4. If any adverse events or injuries to subjects occur, you will report these immediately to the ORP.

The University appreciates your efforts to conduct research in compliance with the federal

regulations that have been established to ensure the protection of human subjects in research.

Date of Exemption: Thursday, December 16, 2010

Sincerely,

Stephen Erickson
Director
Office for Research Protections
TSL



IRB Request for Exemption Form

Boston College Institutional Review Board
Office for Human Research Participant Protections
140 Commonwealth Ave., Waul House
Chestnut Hill, MA 02467
(617) 552-4778 Fax: (617) 552-0498 E-mail: irb@bc.edu

I. Study Title: Paths to Legitimacy: Patterns of Institutional Development in Independent Professional Schools
(If funded must match the sponsored title)

II. Principal Investigator Information

A. Name of Principal Investigator: Elizabeth Storrs		B. Are You? (Please check)
		<input type="checkbox"/> Faculty
C. Mailing Address: 31 Village Lane, Berlin, MA 01503		<input type="checkbox"/> Staff
		<input type="checkbox"/> Undergraduate Student
D. Department: Higher Education Administration		<input checked="" type="checkbox"/> Graduate Student
		<input type="checkbox"/> Postdoctoral fellow
E. E-mail address: elizabeth.storrs@bc.edu		<input type="checkbox"/> Other:
F. Primary Phone Number: 207-577-9855	G. Alternate Phone:	
H. Faculty Advisor's Name: Ted Yount	I. Faculty Advisor's Phone: 617-552-4189	
J. Faculty Advisor's E-mail: yount@bc.edu		

III. Funding

A. ☒ **None (Go on to Section IV)**

Do you plan to apply for funding in the future? ☐ Yes* ☒ No * Please explain:

B. ☐ **University Funded:** List source:

C. ☐ **External*:** List source and grant number:

D. ☐ **Federal*:** List agency, department and grant number:

*Wait until you have been notified that your project will be funded before seeking IRB approval unless otherwise instructed by funding source. If federal funding is involved, submit documentation of funding status with a complete copy of the funding application with this form.

E. Is BC the primary awardee for the grant? ☐ Yes ☐ No. If No Please list Primary Awardee:

F. Are there subcontracts ☐ Yes ☐ No. If Please list sub-contractors:

IV. Study Information

Research must be "minimal risk" in order to qualify for an Exemption. Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests (45 CFR 46). **Research projects involving either minors as participants or the use of focus groups do not qualify for exempt status.**

A. **Risk Level:** Does this research pose more than minimal risk to participants? ☐ Yes* ☒ No

* Greater than minimal risk research must be reviewed by the Full Board. Please complete an Initial IRB Application Form

B. **Prisoners:** Does this research involve interaction with Prisoners or prisoner's private information? ☐ Yes* ☒ No

* All prisoner research must be reviewed by the Full Board. Please complete an Initial IRB Application Form

C. **Public Data:** Will the study utilize archived data, documents, records or biological specimens? ☒ Yes* ☐ No

* Provide Source: Accreditation Commission for Acupuncture and Oriental Medicine self-studies and accreditation reports

*When were these data collected: 1984-2009

D. **Exempt Categories (45 CFR 46.101(b))** Check Category that best describes the study:

☐ (1) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

This applies only normal educational research in regular educational settings.

☐ (2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or

observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. **This exemption does not apply to children or prisoners**

☐ (3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (b)(2) of this section, if:

(i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

This applies only to elected officials, not officials appointed via a regular hiring process.

☒ (4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

All data must exist when the application is submitted (if data will be used that is collected or will be collected for clinical purposes, complete the Initial IRB Application Form).

☐ (5) Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: (i) Public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

☐ (6) Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

E. Categories of Sensitive Information (generally not eligible for exemption)

1. Information relating to sexual attitudes, preferences, or practices.
2. Information relating to the use of alcohol, drugs or other addictive products.
3. Information pertaining to illegal conduct.
4. Information that if released could reasonably damage an individual's financial standing, employability, or reputation within the community.
5. Information that would normally be recorded in a patient's medical record and the disclosure of which could reasonably lead to social stigmatization or discrimination.
6. Information pertaining to an individual's psychological well-being or mental health.
7. Genetic information.

Does the study include collection of any sensitive information? ☐ Yes* ☒ No

F. Participant Recruitment Numbers: Male: 0 Female: 0

G. Special Subject Populations (generally not eligible for exemption)

1. Minors (under 18 years of age). Not applicable to educational research.
2. Fetuses or products of labor and delivery
3. Pregnant women (in studies that may influence maternal health)
4. Prisoners
5. Individuals with a diminished capacity to give informed consent

Does the study include any special subject populations? ☐ Yes* ☒ No

* Indicate population:

H. Informed Consent and Waiver of Elements of Informed Consent or Documentation

1. The informed consent document should include all required elements of consent (See BC Consent Guide for informed consent samples <http://www.bc.edu/research/oric/human/irbsampleforms.html>). Confirm that each element is included in your consent form (unless you are requesting a waiver or partial waiver of consent skip question VII. B):

- ☐ A statement that the study involves research
- ☐ The purpose of the research in lay terms (in language understandable to the participant)
- ☐ A statement that they are being asked to participate in research, and how they were selected to participate
- ☐ The expected duration of the participant's participation "You will be asked to complete a survey every month for 1 year"
- ☐ The total time commitment of participation in the procedures "the survey will take 20 minutes to complete"
- ☐ A brief but complete description of all procedures to be followed (if research includes treatment describe which procedures are experimental and alternatives to those procedures)

- ☐ The risks or discomforts that are reasonably expected from the research, and a statement that "There may be unknown risks"
- ☐ The benefits to the participant or others that are reasonably expected from the research
- ☐ A statement of confidentiality that provides the participant a contact at the institution who may be reached if injury occurs or confidentiality is breached (this should be someone other than the researcher)
- ☐ A statement that participation is entirely voluntary and may be discontinued at any time
- ☐ A statement that withdrawal from participation will not result in denial of entitled benefits
- ☐ Invasive biological, clinical or behavioral interventions require specific descriptions of the procedure
- ☐ The consent form must be signed and dated, or oral consent must be witnessed and signed and dated by the witness
- ☐ A statement and check box that indicates the participants have a copy of the informed consent document

Note: Individuals with added protections require both permission of a legal representative and assent of the individual.

2. In rare circumstances, the IRB may consider altering the informed consent requirements. To be considered for an alteration or waiver of the required elements of informed consent, the conditions stated in the Informed Consent Waiver/Alteration Form must apply.

Are you requesting an alteration or waiver? ☒ Yes* ☐ No

* If you are requesting a waiver you must complete the Informed Consent Waiver/Alteration Form

I. Research Summary:

Please attach a brief (1-2 page) Research Summary that includes the following items in a Research Summary, labeled and presented in this order:

- A. Introduction
- B. Specific Aims
- C. Methods of Data Collection and Analysis (Qualitative and Quantitative)
- D. Description of the subject population, research setting, subject recruitment procedures
- E. Informed consent procedure (if consent needed)
- F. Provisions for subject and data confidentiality
- G. Statement of potential research risks to subjects (e.g. breach of confidentiality, treatment complications)
- H. Statement of potential research benefits to subjects (Monetary compensation is not a benefit of participation)

I. Investigator experience (Attach a current copy of your C.V. unless one is on file with the IRB)

Attach any research instruments that will be used for the study (interviews, questionnaires, advertisements) If the study is designed to develop instruments and test the instruments for validity, state this in the Research Summary. Provide a copy of the materials to the ORP once developed using an Amendment Form. Please submit copies of IRB Training Certificates for all personnel who will interact or collect data.

SIGNATURE OF PRINCIPAL INVESTIGATOR

The undersigned accept(s) responsibility for the study, including adherence to the ethical guidelines set forth in the Belmont Report, Declaration of Helsinki, the Nuremberg Code, the ethical principles of your discipline, the Common Rule and Boston College policies regarding protections of the rights and welfare of human participants participating in this study. In the case of student protocols, the faculty supervisor and the student share responsibility for adherence to policies.

Elizabeth Storrs

Print Name of Principal Investigator

Signature of Principal Investigator

Date

11/11/2010

SIGNATURE OF FACULTY RESEARCH SUPERVISOR- REQUIRED FOR STUDENT RESEARCH

By signing this form, the faculty research supervisor attests that (s)he has read the attached protocol submitted for IRB review, and agrees to provide appropriate education and supervision of the student investigator, above and share the above Principal Investigator responsibilities.

Print Name of Faculty Research Supervisor

Signature of Faculty Research Supervisor

Date

11-9-10

SIGNATURE OF DEPARTMENT CHAIR OR DEAN-REQUIRED FOR FACULTY RESEARCH

Your signature below affirms you have been informed of the research.

Print Name of Chair or Dean

Signature of Chair or Dean

Date

BC IRB Exemption Form
Rev. 1/11/10

Page 4 of 4

Paths to Legitimacy: Patterns of Institutional Development in Independent Professional Schools of Acupuncture and Oriental Medicine

IRB Research Summary

A. Introduction

Independent professional schools, although a major part of higher education in the United States up through the 1800's, have received little attention in histories of higher education since the turn of the twentieth century. This disappearance from the literature coincides with the rise of the university form, which typically included one or more professional schools—that is, schools which provided at least bachelor's level credential as preparation for entry into a professional field such as law, medicine, social work, or education. In the twenty-first century, the overwhelming majority of professional schools are affiliated with universities, but there are a growing number of professional schools in variety of fields that are independent, and not part of a university, university system, or a hospital or hospital system.

Legitimacy, the “generalized perception or assumption that the actions of an entity are desirable, proper, or appropriate within some socially constructed system of norms, values, beliefs, and definitions” (Suchman, 1995, p. 574), is a core construct in modern institutional theory. The pursuit of legitimacy is one explanation for the formal organizational structures (that is, bureaucracies) that permeate modern society but are not closely tied to day-to-day work. Bureaucracies do not provide significant command and control over output, or greater efficiency, but instead reflect collective external opinions, mandates, and understandings of what things should be managed, by whom, how, and to what ends. These collective opinions serve as *rationalized myths* that are embedded everywhere in modern life, and drive organizational structure and process (Meyer & Rowan, 1977).

When organizations fail to conform to the relevant myths, they must explain their deviance. These explanations come at a cost to the institution, as does every violation of the greater society's institutionalized norms (Hannan & Freeman, 1993). Organizations that use highly institutionalized templates, and thus have less to explain, are perceived as more legitimate, and are more likely to survive (Meyer & Rowan, 1977).

As institutions that have no inherent legitimacy from either their profession or their structure, schools of acupuncture and Oriental medicine provide an excellent research environment in which to explore the development of legitimacy over time.

B. Specific Aims

I am seeking to discern patterns, describe commonalities and articulate differences in the order in which particular legitimizing activities occur among AOM schools. Recent research suggests that there are multiple, alternative pathways to legitimacy for educational institutions; I propose to explore this possibility for schools of acupuncture and Oriental medicine. Ultimately, I will attempt to offer an analytical generalization of my findings to independent professional schools and other non-traditional forms of higher education.

The particular legitimizing activities I will focus on can be roughly divided into two categories: milestones and markers. Milestones are either/or states: although it may take multiple years of institutional effort in order to become eligible to provide students with work-study aid, the institution either has that authority, or it does not. Initial milestones are:

- institutional ability to participate in Federal Work-Study
- reaccreditation by ACAOM
- regional accreditation
- line of credit

In contrast, markers are continuous variable that change slowly, and will be sampled at regular intervals across institutional history in order to capture incremental difference over time. Initial markers are:

- organizational structure
 - job titles
 - reporting lines

- credentials of faculty and staff
 - highest degree/field of study
 - relationship of education to position
 - amount of previous experience in similar positions
- membership on the Board of Trustees
- Western science requirements
- facilities
 - size
 - sufficiency
- relationships with other institutions
 - higher education
 - acupuncture schools
 - other higher ed

These markers and milestones will serve as the initial framework for collecting and organizing data.

C. Methods of Data Collection and Analysis

My primary data source will be archival documents, which will come directly from the institution. These documents will primarily be accreditation reports from the time of initial accreditation to completion of the 2009 ACAOM accreditation report, which was due September 30, 2009.

In addition to descriptive coding, I will use inductive category building to attempt to describe patterns and relationships between the legitimizing activities. These categories will be used in conjunction with a chronological matrix to inform the development of the relational map that will orient legitimacy processes in context. I plan to construct an interim case summary, and use that for member checking during analysis.

D. Description of the Subject Population

The subject population is an accredited independent specialized schools of acupuncture and Oriental medicine.

E. Informed Consent Procedures

None.

F. Provisions for Subject and Data Confidentiality

Participating schools will be identified by pseudonyms. All data will be maintained in password protected computer files or locked filing cabinets in the investigator's home office and not shared with anyone else.

G. Statement of Potential Research Risks to Subjects

None.

H. Statement of Potential Research Benefits to Subjects

Participating schools will have the opportunity to see organizational history through an organizational theory lens, and help increase scholarly awareness of the field of acupuncture and Oriental medicine.



BOSTON COLLEGE
Institutional Review Board
Office for Research Protections
Waul House, 3rd Floor
Phone: (617) 552-4778, fax: (617) 552-0498

Protocol IRB: 11.111.01eA

TO: Elizabeth Storrs
CC: Ted Youn
FROM: Institutional Review Board – Office for Research Protections
DATE: Tuesday, January 18, 2011
RE: Paths to Legitimacy: Patterns of Institutional Development in Independent Professional Schools

Notice of Evaluation- REMAINS EXEMPT 4

The Office for Research Protection (ORP) has evaluated the minor changes to the project named above. The protocol remains exempt.

This study has been granted an exemption from Boston College IRB review in accordance with 4 Study of existing data if no identifiers or publicly available. This designation is based on the assumption that the materials that you submitted to the IRB contain a complete and accurate description of all the ways in which human subjects are involved in your research.

Description of Amendment:

- Add site:

This exemption is given with the following conditions:

1. No further contact with the ORP is necessary unless you make changes to your project or adverse events or injuries to subjects occur;
2. If you propose to make any changes in the project, you must submit the changes to the ORP for IRB review. You will not initiate any changes until they have been reviewed and approved by the IRB;
3. If any adverse events or injuries to subjects occur, you will report these immediately to the OHRPP.

The University appreciates your efforts to conduct research in compliance with the federal

regulations that have been established to ensure the protection of human subjects in research.

Date of Exemption: 12/16/2010

Sincerely,

Stephen Erickson
Director
Office for Research Protections
TSL



Boston College Institutional Review Board
Office for Research Protections
140 Commonwealth Avenue, Waul House
Chestnut Hill, MA 02467
(617) 552-4778 Fax: (617) 552-0498 E-mail: irb@bc.edu

IRB Amendment Form

IRB Protocol Number (assigned at initial review):
11.111.01e

Instructions: Investigators who wish to make any revisions to their original approved protocols (exempt, expedited or full board approvals) must seek IRB review and obtain approval before initiating changes. Attach changed research documents or any supportive materials (such as subject recruitment advertising, questionnaires, surveys, results from related studies, etc) to this form and email it as a single PDF to irb@bc.edu. You will be notified of IRB review results.

I. General Information

- A. Study Title: Paths to Legitimacy: Patterns of Institutional Development in Independent Professional Schools
- B. Principal Investigator: Elizabeth Storrs
- C. Date: 1/14/2011
- D. Contact Email: elizabeth.storrs@bc.edu
- E. Mailing Address: 31 Village Lane, Berlin, MA 01053
- F. Phone: 207-577-9855
- G. Original Level of IRB Review: ☒ Exempt ☐ Expedited ☐ Full Board
- H. Research Status (Check one; provide # of subject as requested):
- ☒ Currently in progress (subjects being recruited)
 - ☐ Project not yet started (no subjects recruited)
 - ☐ Closed to new subject entry (long term follow up only or data analysis)

II. Describe Changes:

- ☐ Application or Research Summary Revision
- ☐ Add Research Staff
- ☐ Please Close to Subject Entry (long term follow-up only)
- ☐ Revise Consent Form
- ☐ Addendum (New) Consent Form
- ☒ Other: Added new site

III. Amendments

A. Provide a summary of the changes you are making to the original approved protocol and state your rationale for these changes. Attach a copy of revised documents with specific changes in bold. If you are adding research staff, include name, date of IRB training and copy of certificate(s):

There are no changes to the original approved protocol.

- B. Does this revision/amendment revise or add a genetic component? Yes ☐ No ☒
- C. Does the change affect subject participation (e.g. procedures, risks, costs, etc.)? Yes ☐ No ☐ N/A ☒
- D. Does the change affect the consent document? Please explain briefly below and provide the revised consent document. Yes ☐ No ☐ N/A ☒

SIGNATURE OF PRINCIPAL INVESTIGATOR

The undersigned accepts responsibility for the study, including adherence to the ethical guidelines set forth in the Belmont Report, Declaration of

Helsinki, the Nuremberg Code, the ethical principles of your discipline, the Common Rule and Boston College policies regarding protection of the rights and welfare of human participants participating in this study. In the case of student protocols, the faculty supervisor and the student share responsibility for adherence to policies.

Elizabeth Storrs	1/14/2011
Print Name of Principal Investigator	Date

SIGNATURE OF FACULTY RESEARCH SUPERVISOR- REQUIRED FOR STUDENT RESEARCH

By signing this form, the faculty research supervisor attests that (s)he has read the attached protocol submitted for IRB review, and agrees to provide appropriate education and supervision of the student investigator and share the above Principal Investigator responsibilities.

Ted Youn	January 14, 2011
Print Name of Supervisor	Date

BC IRB Amendment Form

irb@bc.edu or irb@bc.edu Email to irb@bc.edu

Page 1 of 2

Rev. 1/11/10



BOSTON COLLEGE
Institutional Review Board
Office for Research Protections
Waul House, 3rd Floor
Phone: (617) 552-4778, fax: (617) 552-0498

Protocol IRB: 11.111.01eB

TO: Elizabeth Storrs

FROM: Institutional Review Board – Office for Research Protections

CC: Ted Youn

DATE: Wednesday, February 23, 2011

RE: Paths to Legitimacy: Patterns of Institutional Development in Independent Professional Schools

Notice of Evaluation- REMAINS EXEMPT 4

The Office for Research Protection (ORP) has evaluated the minor changes to the project named above. The protocol remains exempt.

This study has been granted an exemption from Boston College IRB review in accordance with 4 Study of existing data if no identifiers or publicly available. This designation is based on the assumption that the materials that you submitted to the IRB contain a complete and accurate description of all the ways in which human subjects are involved in your research.

Description of Amendment:

- Add site:

This exemption is given with the following conditions:

1. No further contact with the ORP is necessary unless you make changes to your project or adverse events or injuries to subjects occur;
2. If you propose to make any changes in the project, you must submit the changes to the ORP for IRB review. You will not initiate any changes until they have been reviewed and approved by the IRB;
3. If any adverse events or injuries to subjects occur, you will report these immediately to the OHRPP.

The University appreciates your efforts to conduct research in compliance with the federal

regulations that have been established to ensure the protection of human subjects in research.

Date of Exemption: 12/16/2010

Sincerely,

Stephen Erickson
Director
Office for Research Protections
TSL

**Boston College Institutional Review Board**

Office for Research Protections

140 Commonwealth Avenue, Waul House

Chestnut Hill, MA 02467

(617) 552-4778 Fax: (617) 552-0498 E-mail: irb@bc.edu**IRB Amendment Form****IRB Protocol Number**(assigned at initial review):

11.111.01e

Instructions: Investigators who wish to make any revisions to their original approved protocols (exempt, expedited or full board approvals) must seek IRB review and obtain approval before initiating changes. Attach changed research documents or any supportive materials (such as subject recruitment advertising, questionnaires, surveys, results from related studies, etc) to this form and email it as a single PDF to irb@bc.edu. You will be notified of IRB review results.

I. General Information

A. Study Title: Paths to Legitimacy: Patterns of Institutional Development in Individual Professional Schools

B. Principal Investigator: Elizabeth Storrs

C. Date:

D. Contact Email: elizabeth.storrs@gmail.com

E. Mailing Address: 31 Village Lane, Berlin, MA 01503

F. Phone 2075779855

G. Original Level of IRB Review: ☒ Exempt ☐ Expedited ☐ Full Board

H. Research Status (Check one; provide # of subject as requested):

- ☒ Currently in progress (subjects being recruited)
☐ Project not yet started (no subjects recruited)
☐ Closed to new subject entry (long term follow up only or data analysis)

II. Describe Changes:

- ☐ Application or Research Summary Revision ☐ Revise Consent Form
☐ Add Research Staff ☐ Addendum (New) Consent Form
☐ Please Close to Subject Entry (long term follow-up only) ☒ Other :Added new site

III. Amendments

A. Provide a summary of the changes you are making to the original approved protocol and state your rationale for these changes. Attach a copy of revised documents with specific changes in bold. If you are adding research staff, include name, date of IRB training and copy of certificate(s):

There are no changes to the original approved protocol.

B. Does this revision/amendment revise or add a genetic component?

Yes ☐ No ☒

C. Does the change affect subject participation (e.g. procedures, risks, costs, etc.)?

Yes ☐ No ☐ N/A ☒

D. Does the change affect the consent document? Please explain briefly below and provide the revised consent document.

Yes ☐ No ☐ N/A ☒**SIGNATURE OF PRINCIPAL INVESTIGATOR**

The undersigned accept(s) responsibility for the study, including adherence to the ethical guidelines set forth in the Belmont Report, Declaration of Helsinki, the Nuremberg Code, the ethical principles of your discipline, the Common Rule and Boston College policies regarding protection of the rights and welfare of human participants participating in this study. In the case of student protocols, the faculty supervisor and the student share responsibility for adherence to policies.

Elizabeth Storrs

Print Name of Principal Investigator

Signature of Principal Investigator

Date

SIGNATURE OF FACULTY RESEARCH SUPERVISOR- REQUIRED FOR STUDENT RESEARCH

By signing this form, the faculty research supervisor attests that (s)he has read the attached protocol submitted for IRB review, and agrees to provide appropriate education and supervision of the student investigator, above and share the above Principal Investigator responsibilities.

Ted Youn

Print Name of Supervisor

Signature of Supervisor

Date



BOSTON COLLEGE
Institutional Review Board
Office for Research Protections
Waul House, 3rd Floor
Phone: (617) 552-4778, fax: (617) 552-0498

Protocol IRB: 11.111.01eC

TO: Elizabeth Storrs
FROM: Institutional Review Board – Office for Research Protections
CC: Ted Youn
DATE: Tuesday, March 15, 2011
RE: Paths to Legitimacy: Patterns of Institutional Development in Independent Professional Schools

Notice of Evaluation- REMAINS EXEMPT 4

The Office for Research Protection (ORP) has evaluated the minor changes to the project named above. The protocol remains exempt.

This study has been granted an exemption from Boston College IRB review in accordance with 4 Study of existing data if no identifiers or publicly available. This designation is based on the assumption that the materials that you submitted to the IRB contain a complete and accurate description of all the ways in which human subjects are involved in your research.

Description of Amendment:

- Add

This exemption is given with the following conditions:

1. No further contact with the ORP is necessary unless you make changes to your project or adverse events or injuries to subjects occur;
2. If you propose to make any changes in the project, you must submit the changes to the ORP for IRB review. You will not initiate any changes until they have been reviewed and approved by the IRB;
3. If any adverse events or injuries to subjects occur, you will report these immediately to the OHRPP.

The University appreciates your efforts to conduct research in compliance with the federal

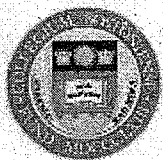
regulations that have been established to ensure the protection of human subjects in research.

Date of Exemption: 12/15/2010

Sincerely,

Stephen Erickson
Director
Office for Research Protections

PF

11.111.01eC Storrs, Beth
Paths of Legitimacy: Patterns of...

B Amendment Form

IRB Protocol Number (assigned at initial review)
11.111.01

Instructions: Investigators who wish to make any revisions to their original approved protocols (exempt, expedited or full board approvals) must seek IRB review and obtain approval before initiating changes. Attach changed research documents or any supportive materials (such as subject recruitment advertising, questionnaires, surveys, results from related studies, etc) to this form and email it as a single PDF to irb@bc.edu. You will be notified of IRB review results.

General Information

Study Title: Paths to Legitimacy: Patterns of Institutional Development in Individual Professional Schools

Principal Investigator: Elizabeth Storrs

C. Date: 3/9/2011

Contact Email: elizabeth.storrs@gmail.com

Mailing Address: 31 Village Lane, Berlin, MA 01503

F. Phone 2075779855

Original Level of IRB Review: ☒ Exempt ☐ Expedited ☐ Full Board

Research Status (Check one; provide # of subject as requested):

Currently in progress (subjects being recruited)

Project not yet started (no subjects recruited)

Closed to new subject entry (long term follow up only or data analysis)

Describe Changes:

Application or Research Summary Revision

Add Research Staff

Please Close to Subject Entry (long term follow-up only)

☐

Revise Consent Form

☐

Addendum (New) Consent Form

☒

Other :Added new site

Amendments

Provide a summary of the changes you are making to the original approved protocol and state your rationale for these changes. Attach a copy of revised documents with specific changes in bold. If you are adding research staff, include name, date of IRB training and copy of certificate(s).
There are no changes to the original approved protocol.

Does this revision/amendment revise or add a genetic component?

Yes ☐ No ☒

Does the change affect subject participation (e.g. procedures, risks, costs, etc.)?

Yes ☐ No ☐ N/A ☒

Does the change affect the consent document? Please explain briefly below and provide the revised consent document.

Yes ☐ No ☐ N/A ☒

SIGNATURE OF PRINCIPAL INVESTIGATOR

The undersigned accept(s) responsibility for the study, including adherence to the ethical guidelines set forth in the Belmont Report, Declaration of Helsinki, the Nuremberg Code, the ethical principles of your discipline, the Common Rule and Boston College policies regarding protection of the rights and welfare of human participants participating in this study. In the case of student protocols, the faculty supervisor and the student share responsibility for adherence to policies.

Elizabeth Storrs

Print Name of Principal Investigator

Signature of Principal Investigator

Date

3/12/11

SIGNATURE OF FACULTY RESEARCH SUPERVISOR- REQUIRED FOR STUDENT RESEARCH

By signing this form, the faculty research supervisor attests that (s)he has read the attached protocol submitted for IRB review, and agrees to provide appropriate education and supervision of the student investigator, above and share the above Principal Investigator responsibilities.

David Youn

Print Name of Supervisor

Signature of Supervisor

Date

3/12/11

Boston College IRB

MAR 15 2011

Exempt

Submit Materials as a Single PDF by E-mail to irb@bc.edu

03-10-11 A09:03 Page 1 of 1



BOSTON COLLEGE
Institutional Review Board
Office for Research Protections
Waul House, 3rd Floor
Phone: (617) 552-4778, fax: (617) 552-0498

Protocol IRB: 11.111.01eD

TO: Elizabeth Storrs
FROM: Institutional Review Board – Office for Research Protections
CC: Ted Youn
DATE: Friday, March 18, 2011
RE: Paths to Legitimacy: Patterns of Institutional Development in Independent Professional Schools

Notice of Evaluation- REMAINS EXEMPT 4

The Office for Research Protection (ORP) has evaluated the minor changes to the project named above. The protocol remains exempt.

This study has been granted an exemption from Boston College IRB review in accordance with 4 Study of existing data if no identifiers or publicly available. This designation is based on the assumption that the materials that you submitted to the IRB contain a complete and accurate description of all the ways in which human subjects are involved in your research.

Description of Amendment:

- Add as a site.

This exemption is given with the following conditions:

1. No further contact with the ORP is necessary unless you make changes to your project or adverse events or injuries to subjects occur;
2. If you propose to make any changes in the project, you must submit the changes to the ORP for IRB review. You will not initiate any changes until they have been reviewed and approved by the IRB;
3. If any adverse events or injuries to subjects occur, you will report these immediately to the OHRPP.

The University appreciates your efforts to conduct research in compliance with the federal

regulations that have been established to ensure the protection of human subjects in research.

Date of Exemption: 12/16/2010

Sincerely,

Stephen Erickson
Director
Office for Research Protections

PF



11.111.01eD

Storrs, Beth

Paths of Legitimacy: Patterns of....

(617) 552-4778 Fax: (617) 552-0498 E-mail: irb@bc.edu

IRB Amendment Form

IRB Protocol Number (assigned at initial review)
11.111.01

Instructions: Investigators who wish to make any revisions to their original approved protocols (exempt, expedited or full board approvals) must seek IRB review and obtain approval before initiating changes. Attach changed research documents or any supportive materials (such as subject recruitment advertising, questionnaires, surveys, results from related studies, etc) to this form and email it as a single PDF to irb@bc.edu. You will be notified of IRB review results.

General Information

Study Title: Paths to Legitimacy: Patterns of Institutional Development in Individual Professional Schools

Principal Investigator: Elizabeth Storrs

C. Date: 3/7/2011

Contact Email: elizabeth.storrs@gmail.com

Mailing Address: 31 Village Lane, Berlin, MA 01503

F. Phone 2075779855

Original Level of IRB Review: ☒ Exempt ☐ Expedited ☐ Full Board

Research Status (Check one; provide # of subject as requested):

Currently in progress (subjects being recruited)

Project not yet started (no subjects recruited)

Closed to new subject entry (long term follow up only or data analysis)

Describe Changes:

Application or Research Summary Revision

Add Research Staff

Please Close to Subject Entry (long term follow-up only)

☐

Revise Consent Form

☐

Addendum (New) Consent Form

☒

Other: Added new site

Amendments

Provide a summary of the changes you are making to the original approved protocol and state your rationale for these changes. Attach a copy of revised documents with specific changes in bold. If you are adding research staff, include name, date of IRB training and copy of certificate(s).

If there are no changes to the original approved protocol.

Does this revision/amendment revise or add a genetic component?

Yes ☐ No ☒

Does the change affect subject participation (e.g. procedures, risks, costs, etc.)?

Yes ☐ No ☐ N/A ☒

Does the change affect the consent document? Please explain briefly below and provide the revised consent document.

Yes ☐ No ☐ N/A ☒

SIGNATURE OF PRINCIPAL INVESTIGATOR

The undersigned accept(s) responsibility for the study, including adherence to the ethical guidelines set forth in the Belmont Report, Declaration of Helsinki, the Nuremberg Code, the ethical principles of your discipline, the Common Rule and Boston College policies regarding protection of the rights and welfare of human participants participating in this study. In the case of student protocols, the faculty supervisor and the student share responsibility for adherence to policies.

Elizabeth Storrs

Print Name of Principal Investigator

Signature of Principal Investigator

Date

3/9/11

SIGNATURE OF FACULTY RESEARCH SUPERVISOR- REQUIRED FOR STUDENT RESEARCH

By signing this form, the faculty research supervisor attests that (s)he has read the attached protocol submitted for IRB review, and agrees to provide appropriate education and supervision of the student investigator, above and share the above Principal Investigator responsibilities.

David Youn

Print Name of Supervisor

Signature of Supervisor

Date

3/9/11

Boston College IRB

MAR 18 2011

Submit Materials as a Single PDF by E-mail to irb@bc.edu

Page 1 of 1

Exempt